MOST AND LEAST HELPFUL EXPERIENCES IN THE SUPERVISION OF PARAPROFESSIONAL MENTAL HEALTH WORKERS

By

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To the late

Tina Lowell

My friend and companion

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TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS iii

LIST OF TABLES v

ABSTRACT vi

CHAPTERS

I. Introduction 1

II. Methodology 23

III. Results 42

IV. Discussion 73

V. Summary 89

APPENDICES

A. Questionnaire for Paraprofessional Participants . . 93

B. Questionnaire for Supervisory Participants 99

C. Letter to Programs Participating 105

D. The Categorical Schemes for Most Helpful and Least Helpful Paraprofessional Supervision 107

REFERENCES 112

BIOGRAPHICAL SKETCH 117

LIST OF TABLES

Table		Page
1.	Distribution of Nonprofessional Staff Categories in 185 NIMH Sponsored Projects	7
2.	Programs Participating in the Study	29
3.	Summary of Paraprofessional Participants	30
4.	Summary of Supervisor Participants	32
5.	Interrater Reliability	38
6.	Most Helpful Paraprofessional Supervision: Frequencies and Percents	58
7.	Least Helpful Paraprofessional Supervision: Frequencies and Percents	59
8.	Most Helpful Paraprofessional Supervision: Means, Standard Deviations, and F-ratio	61
9.	Least Helpful Paraprofessional Supervision: Means, Standard Deviations, and F-ratio	62
10.	Spearman Rank Correlation: Paraprofessional versus Supervisor Responses	65
11.	Value of Supervision: Ratings of Paraprofessionals and Supervisors	69
12.	Number of Participants Classified into Group	72
13.	Agreement and Disagreement between Paraprofessionals and Supervisors: Most Helpful Categorical Scheme	83
14.	Agreement and Disagreement between Paraprofessionals and Supervisors: Least Helpful Categorical Scheme	84

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The study attempted to identify experiences which paraprofessional mental health workers and their supervisors find most valuable or least valuable in helping support personnel respond to and help other individuals. In addition, a categorical scheme of those most and least helpful supervision experiences was developed.

Ninety paraprofessionals and 26 supervisors described their most and least helpful experiences in supervision. From these descriptions, 326 critical behaviors of supervisors were extracted by independent readers. A comprehensive categorical system was formulated to classify the critical behaviors. Seven major categories and 15 secondary ones were formulated to describe the critical behaviors of supervisors which were most helpful. There were also seven major categories and 14 secondary ones in the least helpful classification themes. Three raters then independently coded the critical behaviors into the most appropriate category in the classification system.

The major categories most frequently identified by paraprofessionals as most helpful were: Emotional Support, Client-focused Feedback, and Behavior Modeling. The major categories most frequently identified by supervisors as most helpful were: Emotional Support, Client-focused Feedback, and Paraprofessional-focused Feedback.

The least helpful categorical themes most frequently identified by paraprofessionals were: Lack of Emotional Support, Dysfunctional Behavior Modeling, and the Unavailability of the Supervisor. The least helpful categorical themes identified most frequently by supervisors were: Lack of Emotional Support and Paraprofessional-focused Evaluation.

In the Most Helpful Categorical Scheme, five themes differed significantly between the supervisors and paraprofessionals. Supervisors were more concerned about their psychological availability. They also more frequently indicated the importance of organizational support and especially providing the necessary structure for the paraprofessional. Supervisors, moreover, perceived feedback focused upon the paraprofessional and particularly upon the individual's own personal awareness to be more valuable than did the paraprofessionals.

There were also five themes in the Least Helpful Categorical Scheme which differed significantly between supervisors and paraprofessionals. Supervisors more frequently perceived that they did not provide sufficient emotional support and lacked sensitivity to the paraprofessional's personal feelings and needs. Even though supervisors identified paraprofessional-focused feedback as a valuable component of supervision, they also more frequently found such experiences to be negative ones. Criticism of the paraprofessional was especially important in the least helpful experiences of supervisors. Paraprofessionals, on the other hand, were more likely to describe experiences in which their supervisor was an ineffective or dysfunctional model.

Both supervisors and paraprofessionals identified affective and cognitive aspects in critical supervision experiences. Affective components of the supervision experience, however, were identified more frequently

in both the most and least helpful categorical schemes. Both the supervisors and the paraprofessionals tended to avoid focusing upon their own behaviors or personality. Implications and recommendations concerning the supervision of paraprofessional mental health workers were also discussed.

CHAPTER I

INTRODUCTION

During the past few years, one of the emerging trends in mental health manpower utilization has been the training and employment of paraprofessional "helpers." Paraprofessional "helpers" or "care-givers" are individuals engaged in helping people deal more effectively with their life problems. These "care-givers" do not have a professional graduate education. They usually have completed some training in human behavior which helps them understand and respond to other human beings seeking help. Since few studies have examined the support paraprofessionals receive to help them with their jobs, clarification is needed concerning the role that professional mental health experts can and should assume in the training and supervision of these human service "helpers."

The purpose of this study is to attempt to formulate a categorical scheme or system of experiences which paraprofessional mental health workers and supervisors of paraprofessionals have identified as most valuable or least valuable in helping paraprofessionals respond to and help other individuals. The study seeks to investigate the nature of positive and negative supervision experiences of mental health paraprofessionals from the frame of reference of the people actually involved.

Helping fellow human beings deal more effectively with their life problems can be either a beautiful or disheartening encounter. Often, individuals involved in helping relationships themselves seek support to better help someone else. How one person aids another person in helping an individual in

need is the critical question in examining facilitative supervision. This study attempts to identify, compare, and contrast themes or categories of experiences which mental health care-givers and their supervisors perceive to be most valuable and least valuable in responding more effectively to other individuals.

Paraprofessional mental health workers were asked to describe experiences which they believed to be the most valuable or most effective in their responding more facilitatively in their helping relationship. Supervision experiences which were considered by paraprofessionals to be least valuable or unhelpful were also examined. The experiences identified by professionals who were supervising support personnel were likewise analysed. The positive and negative experiences described by paraprofessionals and their supervisors were then contrasted and compared.

Specifically, the study attempted to answer the following question:

1. What types or categories of supervisor-paraprofessional experiences, both positive and negative, are perceived as appreciably affecting the paraprofessionals' ability to respond to and help the individual in need?

Implicit within this question is the following set of sub-questions which must be answered:

a. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the most valuable in the development of their ability to respond to and help other human beings?

b. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the least valuable in the development of their ability to respond to and help other human beings?

c. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the most valuable in the development of the paraprofessionals' ability to respond to and help others?

d. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the least valuable in the development of the paraprofessionals' ability to respond to and help others?

A second major question for consideration is:

2. What similarities and/or differences exist between the supervisors' categorization scheme of paraprofessional supervision experiences and the categorization scheme of the paraprofessional mental health workers?

This question attempts to discover whether the critical experiences which supervisors of paraprofessional helpers recognized as being most valuable and recognized as being least valuable to the paraprofessionals' development follow themes similar to those identified by the support personnel themselves. Based upon the convergent and divergent comparisons examined by content analysis, there were two specific questions investigated by the researcher. They were:

3. Are the positive and negative categories formulated reversals of each other, or are they two separate dimensions based on completely different types of experiences?

4. Are any of the categories formulated from the descriptions considered positive by the supervisors seen as negative by the paraprofessionals?

These questions are important because there is presently a lack of data regarding the supervision of paraprofessional care-givers, and because present practices in supervision are often based upon models developed by and for human service professionals. This study is concerned with the perceptions of paraprofessional care-givers and their supervisors and is an attempt to help clarify some of the factors in paraprofessional supervision. The study does not attempt to measure actual changes in the behavior of supervisors, paraprofessional care-givers, or clients. Hopefully, other studies will better investigate the behavioral impact of the supervision of mental health care-givers.

Definition of Terms

The meaning of some of the words in this study have special connotations due to the inductive nature of the research design. Words like

"valuable" or "helpful" have meanings which may vary slightly from person to person. In describing such experiences which are "most valuable" or "least valuable," a person uses his own internal frame of reference to recall and report them. The purpose of this section on definitions is to provide a general contextual explanation of some of the key words found throughout this investigation of critical experiences in paraprofessional supervision.

Helping Relationships--an interpersonal interaction in which one of the persons seeks to promote the growth, development, maturity, and improved functioning of the other. These interactions can be over some duration, as in a counseling relationship, or over a brief encounter, as in a crisis intervention. The "helper" tries to respond to and help the other deal more effectively with his or her life problems.

Paraprofessional "helpers" or "care-givers"--individuals who have not received professional graduate training in the human relations field and who are engaged in helping relationships in community services. Usually they have received special training in human behavior and interpersonal relations. They are engaged in a wide variety of settings attempting to help people deal more effectively with their life problems.

Supervisors of Paraprofessionals--trained professionals who have an active involvement in the training and support of paraprofessional helping persons. They are associated with the agency administering the implementation of the services provided. The supervisors are concerned with the development and growth of the paraprofessionals' ability to be an effective helping person.

Paraprofessional Supervision--the administrative and interpersonal support provided by a recognized professional to paraprofessional "helpers." The purpose of the supervisory relationship is to promote the effectiveness and success of the paraprofessionals who are responding to and helping clients with their life problems.

Most Helpful--incidents or experiences which are believed to be of the greatest use or service in the development of the paraprofessionals' ability to respond to and help other individuals. From the point of view of the observer, it is the most important positive contribution of his supervisory experiences.

Least Helpful--incidents or experiences which are believed to be of little or no use or service, perhaps even harmful, in the development of the paraprofessionals' ability to respond to and help other individuals. From the point of view of the observer, it is the least helpful, the most important negative contribution of his supervisory experiences.

Critical Incident--observable human activity that is sufficiently complete to permit inferences and predictions to be made about the person performing the act and that occurs in a situation where the purpose of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little about concerning its effects.

Significance of the Problem

The current need for mental health workers who have less than graduate level training has been strongly supported (Albee, 1959; Arnhoff, Rubinstein, and Speisman, 1969; Robinson, deMarche, and Wagle, 1960; and Sobey, 1970). The pressing need for effective manpower in human services cuts through most professions and most service delivery systems. In 1967, the Interagency Task Force on Counseling projected that by 1971 the professional training programs in counseling would fall some 30,000 positions short of expected needs (U. S. Department of Labor, 1967). A recent American Personnel and Guidance Association (APGA) report noted this manpower shortage, plus noting the changing roles and functions of many helping services (Zimpfer, Fredrickson, Salim, and Sanford, 1971). The report also recognized that certain populations had not been effectively reached through traditional professional services. The report, on behalf of APGA, strongly supported the need for effective utilization of support personnel in school guidance programs.

Other writers in the counseling profession who have acknowledged the value of support personnel are Carkhuff (1969a), Goldman (1967), Gordon (1965), and Patterson (1965). Auvenshine (1971), among others, urges the increased use of support personnel to meet the manpower needs in vocational rehabilitation. The Joint Liaison Committee (1969) of state vocational rehabilitation agencies and university faculty members has attempted to clarify the issues involved in the use of paraprofessionals in rehabilitation counseling.

Pearl and Riesman (1965), whose book New Careers for the Poor provided the theory and impetus for utilization of indigenous helpers, support the building of new vocational programs to meet manpower needs in social action community agencies. Beal (1969), after reviewing the literature for her doctoral dissertation, concluded,

> There is general agreement in the literature that subprofessional personnel are needed, and there is an awareness of the need to identify the activities that could be performed, under supervision, by individuals with lesser skills and preparation than the professional [p. 5].

Three basic reasons represent the arguments for increased use and development of support personnel programs. Manpower supply in the helping professions is limited now and will remain so in the coming years if only traditional manpower resources are employed. The development of new careers will provide meaningful jobs to a large group of unused but potentially effective helpers. Finally, the alteration of current approaches to serving our country's mental health needs reflects the demand for a value of indigenous and community oriented support personnel who are able to provide unique and creative helping services.

The roles and functions of support personnel in the helping professions vary widely from setting to setting and even within similar settings. The scope of the roles of support personnel ranges from menial clerks to highly therapeutic counselors. For example, is a survey of 185 NIMH training programs, Sobey (1970) found paraprofessionals working as therapists, advocates, technicians, and a multitude of other activities. His list in presented in Table 1 (Sobey, 1970, p. 76).

Due to the variability and diversity in the employment and development of support personnel, no generic name has emerged. Common names used in discussing paraprofessionals are: nonprofessionals, subprofessionals,

TABLE 1

Distribution of Nonprofessional Staff Categories
in 185 NIMH Sponsored Projects

Staff Category	Number of Non-professionals	Percent
Tutor Teacher Aides	2,267	21.7
Recreation and Groupwork Aides	2,092	20.0
Nursing and Ward Personnel	1,758	16.9
Other Staff Categories	1,122	10.8
Home Visitors-Enablers	1,020	9.8
Case Aides	666	6.4
Physical, Occupational, Vocational Rehabilitation Aides	355	3.5
Neighborhood Community Organizers	293	2.8
Special Skill Instructors	279	2.7
Community Mental Health Aides	268	2.6
Reach-out Aides	185	1.8
Foster Parents	60	0.6
Homemaker	52	0.5
TOTAL STAFF	10,417	100.0%

Note. - Reprinted from The Nonprofessional Revolution in Mental Health by Francine Sobey, 1970, page 76. Copyrighted by Columbia University Press, 1970.

counselor aides, auxiliary aides, mental health technicians, and mental health worker, assistant, or associate. Three names have received special support. The Southern Regional Education Board (SREB) prefers "Mental Health Worker" (SREB, 1969). In rehabilitation counseling, "Support Personnel" (Joint Liaison Committee, 1969), and "Paraprofessional" (Sussman, 1971) are most commonly used. The APGA leans toward "Support Personnel" (Zimpfer et al., 1971). In this paper, all three of these titles are used with the same general meaning. Basically, they refer to individuals who have not received professional graduate training and who are engaged in helping relationships aimed at the personal adjustment of the client in community service agencies.

The effectiveness of support personnel in establishing meaningful relationships, albeit controversial, has received substantial support from field reports and research investigations (Beck, Kantor and Gelineau, 1963; Carkhuff, 1969a; Grosser, Henry and Kelly, 1969; Magoon and Golann, 1966; Poser, 1966; Rioch, Elkes, Flint, Usdansky, Newman and Silber, 1963; Truax and Carkhuff, 1967; Zax and Cowen, 1967; and Zunker and Brown, 1966). Cowen (1967) attempts to summarize the special assets which allow paraprofessional success. He suggests that one advantage is their "energy, enthusiasm, and involvement." Another asset is the new, creative, and flexible attitudes which paraprofessionals bring to the job tasks. A third reason Cowen offers is the special identification and cooperation that clients give to support personnel. Truax and Carkhuff (1967) and Carkhuff (1969a) argue that effectiveness of the paraprofessional and the professional depends upon their interpersonal facilitative qualities and not academic training.

Issues in Supervision of Paraprofessionals

In order to insure the continued success of the paraprofessional mental health worker and to clarify the critical issues involved in their training,

development, and utilization, further investigation of the needs and demands of support personnel must be encouraged. Particular attention needs to be given to the effect of the community agency upon the paraprofessionals' effectiveness (Cowen, 1967; Denham and Shatz, 1968; Hansen, 1965; and Pruger and Specht, 1968).

Significant attention needs to be given to the role and scope of agency supervision and its influence upon the new mental health worker. While research studies on agency supervision of support personnel are few, the importance of effective supervision has received recognition. In their study of hospitalized patients seen by student case-aide volunteers, Beck, Kanton and Gelineau (1963) cited four main reasons for the success of paraprofessionals: the student-patient relationships, which lasted over a period of time, the supervision from the hospital, the flexible role definitions, and the enthusiasm of the students, who carried their helping relationship beyond the institutional setting. Gordon (1965) concluded that one of the challenges posed by the Counselor-Advisor University Summer Education (CAUSE) program was how to supervise "subprofessionals" who worked under qualified professionals. Strowig (1967) cited the definition and implementation of supervision as one of the important problem areas in paraprofessional utilization. Another, though related, concern of his was the preparation of counselors and counselor educators involved with the paraprofessional movement. Weber (1969) discusses the resistance of professionals to the employment and innovative use of support personnel. Are professionals, Weber questions, qualified to train and supervise paraprofessionals? Specific attention, he suggests, should be given to the supervision by professionals of support personnel.

Supervision is primarily concerned with helping the paraprofessionals maximize their value and effectiveness. Kell and Mueller (1966) see supervision as a significant interpersonal relationship, similar in many ways to counseling. Inherent within supervision, they feel, is a difficult conflict between control and facilitation. The needs of the supervisee must be balanced by the needs of the clients being served. The successful supervisor must develop an effective relationship which bridges the conflict between control and facilitation.

The value of such supervision is generally recognized among professionals in mental health. For example, in a statement of policy, the American Personnel and Guidance Association concluded ". . .Appropriately prepared support personnel, under the supervision of the counselor, can contribute to meeting counselees' needs by enhancing the work of the counselor. . ." (APGA, 1967). In his survey of current training programs of mental health nonprofessionals, Sobey (1970) found that most professionals felt that nonprofessionals, due to their specialized training prior to job performance, may require more supervision than professionals. The vast majority of the programs provided regular supervision; some did offer occasional supervision; and only a few offered crises supervision solely. Almost all the "therapeutic" type aides received regular supervision. What type and what quality of supervision was not examined in the survey.

The implication in these programs and in projects outlined in the literature is that supervision of the paraprofessional is simply a reflection of current practices in supervision of professionals in the helping professions. The paraprofessionals in the Rioch et al. (1963) project received intensive on-going supervision throughout their service period. Supervision was an individual relationship with a qualified professional. In one crisis

center model of lay volunteer supervision, volunteers were provided an appointed supervisor who was seen weekly. Supervisors were rotated every three months (Heilig, Farberow, Litman and Shneidman, 1970).

In almost every therapeutic program, regular individual or group supervision with a professional was deemed necessary. In the typical program, approximately one-fifth of the staff time was devoted to training and supervising the paraprofessionals. Most writers reported that the professionals felt that the time and commitment was worth their efforts and that the results supported their emphasis on supervision (Sobey, 1970).

Several questions arise with such an approach to supervision of paraprofessionals. First, in regard to supervision in general: Is supervision valuable in facilitating the effectiveness of helpers? Is there any potential danger to supervision practices? What forms of supervision have been found most valuable? Second, in regard to supervision of paraprofessionals: Are traditional approaches to supervision applicable? Who should supervise the paraprofessional? Are administration and supervision to be separated or integrated? Are current supervision models adaptable to the emerging roles of new mental health workers? What do paraprofessional "care-givers" themselves feel is the most helpful and valuable to their continued development?

After reviewing the literature dealing with paraprofessional supervision, several conclusions seem justified. 1. There is almost no research on the supervision of paraprofessional human service helpers. 2. The need for supervision of paraprofessionals is strongly supported in the professional literature. 3. The need for understanding how to better supervise paraprofessionals is repeatedly supported. 4. Existing practices are procedures usually developed and supported by professionals administering programs

using paraprofessionals. These practices generally reflect the supervision that professionals receive in their educational programs. 5. Little attention has been given to the paraprofessionals' perceptions of what valuable and effective supervision means to them. Likewise, little attention has focused on what has not been helpful to them. 6. Paraprofessional care-givers have not had an active voice in influencing the kind and form of supervision, if any, which will help them better serve their clients.

The supervisor can be a critical factor in the development of paraprofessionals. Carkhuff (1969a) and Pierce and Schauble (1970) concluded that supervision, just as in counseling, can be for better or worse. It may well be the single most important influence upon the development and effectiveness of new care-givers (Carkhuff, 1969a).

This study examines the supervision of paraprofessional mental health workers from the frame of reference of those people actually involved. Paraprofessionals were asked to describe experiences which they believed to be most valuable or most effective to their responding more facilitatively in their helping relationships. Supervision experiences which were considered by paraprofessionals to be least valuable or unhelpful were also examined. Those positive and negative experiences identified by professionals who were supervising support personnel were likewise analyzed.

The study attempts as its primary purpose to formulate a categorical scheme of experiences which paraprofessionals and supervisors have identified as the most valuable and least valuable in helping support personnel respond to and help other individuals seeking help. The study attempts to find out what paraprofessionals believe are the most valuable and least valuable experiences in supervision. It also attempts to find out what supervisors believe to be the most valuable and least valuable supervision experiences for paraprofessionals.

The responses of the paraprofessional mental health workers and the supervisors are contrasted to identify convergent and divergent elements. Supervisors, in order to be effective in their support of paraprofessionals, need to know what paraprofessionals have found most helpful to them. These paraprofessionals also have experienced many negative encounters with their supervisors. Supervisors need to know about those least valuable experiences. However, the differences as well as the similarities between the supervisor and paraprofessional responses serve as an important guide for the development of both supervisors and paraprofessional helpers.

The orientation of this study is phenomenological. As defined by Combs (1969), phenomenological psychology has a "frame of reference which attempts to understand behavior from the point of view of the behaver himself rather than the external observer [p. 4]." The data as presented by the subjects themselves are the source of analysis and scientific inquiry.

Several noted authorities have supported and promoted research which relies on self-report, introspection, induction, and an internal frame of reference (Allport, 1942; Combs, 1969; Jourard, 1966; Maslow, 1965; and Rogers, 1961). Perhaps a review of some studies using a phenomenological approach can illustrate the value of understanding supervision through the eyes of people actually involved with the process.

Phenomenological Studies of Human Behavior

Combs and Soper (1963) studied the perceptual organization of effective counselors. Graduate students in counseling were required to write several "human relations incidents" as part of one of their courses. These "incidents" were rated by four judges on twelve perceptual variables previously defined. For example, was the counselor's perceptual orientation external or internal? Did he perceive people as able or unable? Reliability among the judges ranged from .83 to .91. The researchers also asked the

college faculty of these counselor-trainees to rank them in the order that they would be hired for a staff position. Combs and Soper concluded that they could significantly distinguish good counselors from poor ones on the basis of their perceptual organization.

Landsman (1961, 1967, 1968, 1969, 1974) employed a phenomenological orientation to explore positive human experiences. Descriptions of human experiences which were somehow special to that person were rated by judges on the focus of the experiences, the type of the experience, and the specific subtype of positive or negative experience.*

Among Landsman's findings (1968) was the discovery that nearly 50% of the positive experiences described involved interpersonal relationships. Following Landsman's model, several doctoral students attempted to use similar approaches to help understand important human experiences. Privette (1964) used factor analytic techniques to investigate descriptions of "transcendent experiences." She selected individual elements extracted from descriptions of experiences in which the subjects felt they had done something above and beyond their normal expectations. She formed a Likert-type questionnaire with these statements, and had a second sample rate them based upon their own "transcendent experiences." The two factors which emerged as most important were: "clear focus on self and objects" and "intense involvement and commitment."

Baggett (1967) used the Q-sort technique to study understanding and misunderstanding among teenagers. Again, statements from teenagers' descriptions

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*The categories rated were: 1. Focus of experience--individual self, interpersonal, and environmental. 2. Type of experience--positive, positive-negative, negative, and negative-positive. 3. Subtypes-positive--conquest, success, beauty, excitement, completion, positive interpersonal, and positive mystical. 4. Subtypes-negative--failure, sickness/pain, escape/disgust, violence/hostility, negative-mystical, negative-interpersonal, boredom, fear, death, and loneliness.

were extracted and classified for common expressions. A Q-sort was developed and administered to other samples. The behaviors which teenagers felt best illustrated understanding were: 1. Suggests ways I might solve my problem. 2. Takes time to sit down with me. 3. Spends time with me discussing my problem. Behaviors identified with misunderstanding were: 1. Jumps to conclusions before I finish (giving the facts). 2. Changes the subject (immediately when I introduce my concerns). 3. Turns from me to someone else and starts talking.

Lynch (1968), with a modification of Landsman's categories, found that pleasure and negative-positive experiences (those that started as negative but later were seen as valuable) tended to open individuals to broader involvements, whereas suffering and positive-negative experiences tended to close-off or make the individual more defensive.

Descriptions of "turning point experiences" were analyzed by Fuerst (1965). He noted the loading of negative components in turning point descriptions. Many of the valuable positive turning points actually appeared to start out as negative. Fuerst also observed how important "unsuccessful interpersonal relationships are in negative turning point experiences" (p. 116).

McKenzie (1965) specifically focused on extreme negative human experiences. He concluded that a negative experience could be altered more often into a negative-positive experience by the presence of a helping person. McKenzie also attempted to develop a conceptualization for evaluating negative experiences.

The studies under the leadership of Combs and Landsman are important not only for their contributions to phenomenological research, indicating their value and diversity, but they provide an important base from which supervision experiences can be investigated. Some tentative themes which

may emerge in valuable and unvaluable supervision encounters are suggested by this research.

The importance of interpersonal relations in many intense human experiences emphasizes the potential impact of supervision upon mental health workers. Like positive interpersonal relationships, negative experiences have proven significant and often are altered by the presence of a helping person, such as a supervisor. A helping person's perceptions of his experiences are critical to his opening up to new, richer endeavors or his closing off and becoming more defensive. The supervisor's understanding of his negative influences may be as important as his knowledge of his positive contributions. Just the fact that someone is available to them and interested in their concerns may be an important supervision theme described by paraprofessionals.

A somewhat different approach was developed by Van Kaam (1958) to investigate the experience of really feeling understood. Since his inductive procedures provide a background to the methods used in the present study, a more detailed description seems appropriate. Van Kaam asked his subjects for descriptions of "What it is like to be really understood." To analyze the responses, his first step was to extract the relevant descriptive expressions. Two judges independently extracted all statements which they felt were directed to the experience of being understood. When one judge's statement was not included by the other, the item was added to the list unless an objection was raised. In this case, a third judge was called upon to decide whether the statement should be included or not. The complete list of statements were typed on index cards for investigation.

The second step was a reduction process by the researcher and two assistants. Overlapping responses were classified together and descriptive terms

tentatively formed. Elimination of statements which did not meet the research criteria was the third step. Again, the three judges had to agree on any statement which was rejected. Next, a hypothetical identification system was formed based upon the group descriptions.

To test the identification system, Van Kaam applied the categories in rating the responses of a different sample. Based upon the success of this application, the sixth stage was the final identification of the descriptions of the experience.

With this phenomenological technique, Van Kaam found that in really feeling understood, an individual "perceives that a person co-experiences what things mean to him, perceives that the person accepts him, and feels safe in the relationship with the person understanding."

The supervision of paraprofessional care-givers has been recognized as an important issue in mental health manpower problems. While experimental, deductive studies are needed to test specific approaches and hypotheses, at the stage in the development of mental health programs, inductive research may prove especially valuable in order to better conceptualize problems in the supervision of paraprofessionals and to more effectively formulate the appropriate questions and hypotheses to research.

The phenomenological orientation provides a well supported base for investigating human behavior. Studying supervision from the eyes of paraprofessionals and supervisors of paraprofessionals is particularly apropos since so little has been done in this area. Critical incidents which paraprofessionals and supervisors perceive as significant can be evaluated and contrasted. The study of paraprofessional supervision from a phenomenological base can contribute to the training, development and administration of support personnel. It can also be significant to the education of professionals who work with paraprofessional care-givers.

Hypotheses and Rationale

The purpose of this study was to identify experiences which paraprofessional helpers and supervisors of paraprofessionals find most valuable or least valuable in helping support personnel respond to and help other individuals seeking help and to develop a categorical scheme of those experiences. Paraprofessionals were asked to describe experiences with their supervisors that were the most valuable to them and those that were the least valuable to them in helping them to respond to and help other individuals. Likewise, supervisors were asked to describe experiences in which they thought they were the most valuable to a paraprofessional and those that they thought were the least valuable. A major effort of this study is the development of a categorical system that synthesizes and summarizes the critical behaviors identified by paraprofessionals and supervisors. The categorical scheme, hence, is composed of a positive and a negative component which systematizes the critical incidents in the supervision of paraprofessional mental health care-givers.

The first question asked in relationship to this study is:

> 1. What types or categories of supervisor-paraprofessional experiences, both positive and negative, are perceived as appreciably affecting the paraprofessionals' ability to respond to and help individuals in need?

In essence, answers to this question would require a complete categorical scheme which describes significant behaviors in paraprofessional supervision. The categories developed from the descriptions received can be rank ordered in regard to their importance as suggested by the frequency that they summarize responses of the participants. The classification system is composed of a positive behavior section representing "most valuable" experiences, and a negative behavior section representing "least valuable" experiences. The procedures for formulating such a classification system are discussed by Fox (1969).

The set of sub-questions which can be isolated from such a categorical scheme is equally important to understanding paraprofessional supervision. The first two sub-questions deal with just those behaviors extracted from descriptions of paraprofessional mental health workers. They are:

a. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the most valuable in the development of their ability to respond to and help other human beings?

b. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the least valuable in the development of their ability to respond to and help other human beings?

In order to answer these questions, the most helpful supervision experiences and the least helpful supervision experiences described by paraprofessionals were examined separately. The importance of a particular category in the classification system is suggested by the frequency that it summarizes supervisory behaviors.

Professionals in mental health view paraprofessional supervision and support from a frame of reference different from that of paraprofessionals themselves. Indeed, most of the existing forms of supervision are developed by the professional manpower administering programs employing support personnel. The corresponding sub-questions which deal with those behaviors extracted from supervisors of paraprofessional mental health workers are:

c. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the most valuable in the development of the paraprofessionals' ability to respond to and help others?

d. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the least valuable in the development of the paraprofessionals' ability to respond to and help others?

These two questions were examined in the same manner as those concerning the paraprofessionals' descriptions. The positive-supervisor and negative-

supervisor categories isolate those behaviors which professionals believe to be critical in paraprofessional supervision. These descriptions can contribute to the development of training guidelines as well as to the education of supervisors working with paraprofessionals. Of course, the behaviors identified by paraprofessionals are equally important for developing training and supervision guidelines. They should also serve to educate the professionals working with support personnel.

The behaviors identified by supervisors and paraprofessionals provide a rich source of data for better understanding what has been found to be the most valuable and the least valuable in the supervision of support personnel. Moreover, the data serve as a springboard from which more specific hypotheses can be suggested and tested. The second major question in this study attempts to compare the critical behaviors suggested by paraprofessionals with those suggested by supervisors. The second major question is:

> 2. What similarities and/or differences exist between the supervisors' categorization of paraprofessional supervision experiences and the categorization scheme concerning those same experiences of the paraprofessional mental health workers?

The purpose of paraprofessional supervision is to help support personnel be more effective in their helping relationships. Comparing the responses of both members of the supervision dyad allows an examination of the convergent and divergent elements in the categorical scheme. Do supervisors and paraprofessionals agree on what is the most valuable or helpful in supervision? Do they agree on what is not helpful and least valuable? The implications are important not only for the training and supervision or paraprofessionals, but also for the education and development of professionals who will be working with support personnel.

While a descriptive discussion based upon the content analysis sheds some light on the similarities and differences between paraprofessionals

and supervisors, more detailed analysis was completed with the formulation of specific hypotheses. The following major hypotheses are proposed as important to this investigation of paraprofessional supervision:

> Hypothesis 1. There are differences in the categorical schemes identified by paraprofessionals and supervisors.
>
> Hypothesis 2. There are statistical differences in the rank order of the categories identified by paraprofessionals and supervisors.
>
> Hypothesis 3. There are no categories which will be seen as positive by the supervisors, but seen as negative by the paraprofessionals.
>
> Hypothesis 4. There are no categories which will be seen as positive by the paraprofessionals, but seen as negative by the supervisors.

The first hypothesis compared the overall differences and similarities in the classification system between paraprofessionals and supervisors. A discriminant function analysis was used to test the assumption that there are indeed differences between what supervisors and paraprofessionals view as most valuable and least valuable to supervision. This question as stated in its hypothesis form was also examined by the response frequencies within each category and by the results of several of the related hypotheses which are specific sub-sections of this general hypothesis.

The second hypothesis compared the ordered ranks between the categories identified by paraprofessionals and supervisors. The Spearman Rank-Order Correlation was computed between the paraprofessionals' rank order of the categories and the supervisors'. The categories are ordered in accordance with the frequency they were selected.

The third and fourth hypotheses were investigated inductively. By a study of the content analysis, the researcher compared positive-supervisor categories with negative-paraprofessional ones. Likewise, positive-paraprofessional categories were compared with negative-supervisor ones.

During the pilot stage of this study, the author was struck by the positive importance supervisors placed upon "insight" and "understanding" in their supervision of paraprofessionals. On the other hand, many of the paraprofessionals identified "interpretation" and "analyzation" as being least valuable behaviors of supervisors. Are these descriptions actually the same experiences seen from different points of view? The researcher was curious to further examine the possibility that some practices seen as valuable by supervisors may be received negatively by the paraprofessionals.

In relation to the categorical system formulated, the researcher was interested in answering the question: Are the positive and negative categories formulated simply reversals of each other, or are they two separate dimensions entirely? In relation to this question, the following hypothesis was formulated:

> Hypothesis 5. The positive and negative categories formulated from the descriptions by paraprofessionals and supervisors are not reversals of each other. They are, in fact, two separate dimensions.

Again, an inductive analysis was used to test this hypothesis. The lack of positive behaviors, or their poor execution, might not be the counterpart to "most valuable" behaviors in supervision, and they might not represent those behaviors considered to be negative or least valuable. Herzberg (1964) has suggested that job dissatisfaction is not simply the absence of job satisfaction. But, in fact, they are two separate factors. Herzberg has also speculated that mental illness and mental health are not unidimensional, but are likewise two separate factors. Similarly, perhaps negative supervision experiences represent completely different behaviors and are not simply the reversals of the positive behaviors identified.

CHAPTER II

METHODOLOGY

The procedures followed in this study were based on the research background of phenomenological studies and investigations built upon the critical incident technique. The suggestions offered by Fox (1969) in his chapter on techniques for the analysis of qualitative data and content analysis were also valuable in developing the research procedures. The basic components of this study can be identified as: 1. The development of the questionnaire. 2. The formulation of the criteria for the sample selection. 3. The data collection. 4. The development of the classification system. 5. The data analysis and interpretation.

In a detailed article summarizing the development, methodology, and research related to the critical incident technique, Flanagan (1954) wrote:

> The critical incident technique consists of a set of procedures for collecting direct observations of human behavior in such a way as to facilitate their potential usefulness in solving practical problems and developing broad psychological principles. The critical incident technique outlines procedures for collecting observed incidents having special significance and meeting systematically defined criteria.
>
> By an incident is meant any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act. To be critical, an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects [p. 327].

The Questionnaire

The development of the questionnaire.--A tentative critical incident questionnaire was developed and administered to a small sample of paraprofessional "human service aides" in training at a local community college. These "aides" were working in community agencies as part of their practicum training experiences. They criticized the questionnaire and offered suggestions for improving it. Supervisors participating in the training program also completed a similar questionnaire and offered their suggestions.

The earliest version of the questionnaire for paraprofessionals is presented below:

> We are trying to find out what paraprofessional "care-givers," such as you, believe to be the most valuable and least valuable kinds of supervision and support to their providing more effective "care-giving" services.
>
> Can you describe a supervision experiences, or another experience, that you felt was especially valuable to you in being a more effective helping person? Think of a specific incident that you believe really made a difference in your ability to help other people.
>
> Briefly describe the situation for which you were seeking help. Who helped you with it (supervisor, friend, co-worker, etc.). What about the incident made it so valuable?

While the participants in the group were able to answer the questions, they made several suggestions. "Care-giver" did not tend to be the preferred word for someone who helps other people. "Effective" was also criticized as being too restrictive in valuable experiences. The responses of the sample group also indicated that many of the experiences described were not with supervisors, but rather with friends and co-workers.

On the basis of these recommendations and experiences, the questionnaire was revised and rechecked to insure maximum clarity and cooperation. The first question introduces the participant to the instrument and asks the person to describe a positive supervision experience. It reads:

> We are trying to find out what you as a paraprofessional "helping person" have found to be the most valuable and least valuable kinds of supervision and support you receive. In other words, what helps you help someone else?
>
> Please answer the questions below. If you need more space, use the back of the page. You do not need to sign your name and your answers will be completely confidential.
>
> Take a few moments to think of some of the experiences that you have had with your supervisor which were especially helpful or valuable. Now think of the single experience that you felt was the most valuable to you. Think of a specific incident that you believe really made a difference in your ability to help other people.
>
> Briefly describe the situation and what the person did that was so helpful or valuable to you.

The participants' responses to this request provided the basic source of data for developing the categorical scheme on positive supervision experiences as seen by paraprofessionals.

Room on a second page is provided for the respondants to complete the following supplementary questions:

> Why was this helpful or valuable to you?
>
> What changes actually occurred (or did not occur) in your behavior or attitude?
>
> Why were these changes a result of what your supervisor did?

The responses to these three questions are not used in the current study except as additional explanatory material for the discussion and interpretation of the results. It is hoped that the responses to these questions will help in the development of future studies on paraprofessional supervision.

The same format is followed to ask the paraprofessionals to describe a negative experience with their supervisors. The negative form reads:

> Again, think of some of the experiences that you have had with your supervisor. This time think of those experiences which were not especially valuable or helpful to you, perhaps even harmful, in helping you respond to and help another person. Now,

> think of the single experience that you felt was the least valuable to you. Think of a specific incident that you believe really made a difference to you.
>
> Briefly describe the situation and what the person did that was not helpful or valuable to you.

Room is again provided on a second page for the participants to explain why the experience was not helpful, what changes actually occurred, and why these changes were related to what the supervisor did. The complete form of the questionnaire for paraprofessionals is presented in Appendix A. As with the positive section of the questionnaire, these three questions are used for explanatory study. The descriptions of what the supervisor actually did are the significant data collected for this study.

Demographic data are collected on the last page of the questionnaire. Respondants are asked to indicate their age, sex, race, educational level, and years of experience as a "helping person." The final three questions are concerned with the extent and value of supervision to paraprofessional care-givers. The questions are:

> How much time do you spend in supervision or training each week?
>
> Would you like to have more or less supervision or training?
>
> In general, how valuable do you find the supervision and support that you receive now?

These three questions provide some indication of how supervision in general was perceived by the paraprofessional participants. Appendix A presents the complete set of questions for paraprofessional participants as well as the format for their responses.

The supervisors working with the paraprofessionals were asked to complete a similar questionnaire. The final version of the supervisors' questionnaire is included in Appendix B. They were asked to describe experiences with paraprofessionals in which they, the supervisors, were the most valuable to support personnel working with them. The supervisors were also asked to

describe experiences in which they were the least valuable.

The supervisors also answered questions requesting demographic data concerning their age, sex, race, educational level, and years of experience working with paraprofessionals. As much as possible, the questionnaires are identical; changes are made only to form the questions to suit the supervisors' point of view. For example, the positive entry for the supervisors' form reads:

> Take a few moments to think of some of the experiences that you have had supervising paraprofessionals which were especially helpful or valuable to them. Now think of the single experience that you felt was the most valuable to a paraprofessional. Think of a specific incident that you believe really made a difference in his or her ability to help other people.

Subjects

The criteria for sample selection.--Paraprofessionals are active in a wide variety of helping agencies and programs. The structure, organization and administration of these programs vary from setting to setting, and even within common programs. The roles and functions of paraprofessionals within these settings correspondingly differ. In order to insure some commonality in the subjects participating in this study, the following criteria were used to select paraprofessionals in mental health settings:

a. The paraprofessionals must be in direct personal contact with clients and serving in a helping relationship.

b. They must have an on-going commitment to a particular service or agency program. They need not be paid employees, but they must have a regular weekly responsibility to the organization.

c. They must work within some form of administrative structure that provides an organizational framework for their services.

d. They must be involved in on-going supervision with a designated professional. The supervision may be daily, weekly, or as the need arises; however, the paraprofessionals must recognize a supervisor who they can seek out for support, advice, and help.

In addition to the criteria for selecting the paraprofessional mental health workers, certain criteria are specified for the supervisors who work with the programs and who participated in the study:

a. The supervisors are trained professionals involved in human service programs.

b. They have an on-going active involvement in the training and supervision of paraprofessional helping persons.

c. They are participating in the programs from which the paraprofessionals were selected.

Data collection.--Several directors of programs using paraprofessional helpers were sent letters requesting their participation in a study on most and least helpful experiences in the supervision of paraprofessional mental health workers. A copy of the letter is presented in Appendix C. Personnel from thirteen programs agreed to participate and were sent questionnaires for the program supervisors and paraprofessional helpers to complete. Representatives from ten programs returned completed questionnaires. The programs represented by the participants included mental health centers, crisis intervention services, and mental health technician training programs in community colleges. Table 2 identifies the programs included in the study and indicates the number of participants from each program. Ninety-seven paraprofessionals and twenty-eight supervisors returned questionnaires and composed the sample for the study.

Description of the sample.--The description of the paraprofessional participants is summarized in Table 3. While there is a diverse age range represented, most respondants were white females. Almost all the mental health workers had completed or were currently enrolled in community college training programs. It is unfortunate, albeit characteristic, that most workers had less than two years' experience as a paraprofessional helper.

Since most of the paraprofessionals were concurrently engaged in formal training and general supervision, almost 60 percent of the participants

TABLE 2

Programs Participating in the Study

	Participant Programs	Number of Respondants Paraprofessionals	Supervisors
1.	Anne Arundel Community College Human Services Curriculum Annapolis, Maryland	6	1
2.	Columbia State Community College Mental Health Technology Program Columbia, Tennessee	3	1
3.	Crisis Help and Suicide Prevention Service Gastonia, North Carolina	7	2
4.	Dede Wallace Community Mental Health Center Nashville, Tennessee	8	2
5.	Muskingum Area Technical College Zanesville, Ohio	13	3
6.	North Central Florida Community Mental Health Center Gainesville, Florida	13	5
7.	Santa Fe Community College Human Service Aide Program Gainesville, Florida	6	5
8.	Suicide and Crisis Intervention Service Gainesville, Florida	3	3
9.	Vermont College Human Service Montpelier, Vermont	3	1
10.	Virginia Western Community College Mental Health Technology Roanoke, Virginia	35	5
	TOTALS	97	28

TABLE 3

Summary of Paraprofessional Participants

AGE: Less than 29 = 23.3%	SEX: Male = 19.0%
20 to 29 = 39.5%	Female = 81.0%
30 to 39 = 19.8%	
Above 39 = 17.4%	RACE: Black = 19.5%
	White = 80.5%
EDUCATION:	SUPERVISORS' AGE:
Some high school = 2.3%	Less than 20 = 0.0%
High school degree = 4.6%	20 to 29 = 35.3%
Some college = 87.5%	30 to 39 = 37.6%
College degree = 4.6%	Above 39 = 27.1%
EXPERIENCE:	SUPERVISORS' SEX:
More than 4 years = 8.1%	Male = 56.2%
3 years = 4.7%	Female = 43.8%
2 years = 12.8%	
1 year or less = 74.7%	
HOURS SPENT IN SUPERVISION OR TRAINING EACH WEEK:	SUPERVISION PREFERENCE:
Less than 1 hour = 14.6%	More supervision = 40.5%
1 to 2 hours = 15.9%	About the same = 51.2%
2 to 3 hours = 9.7%	Less supervision = 8.3%
3 or more hours = 59.8%	

indicated that they spent three or more hours in training each week. At the same time, only 8.3% preferred less supervision or training.

The description of the supervisory participants is summarized in Table 4. The group in general is slightly older, dominantly male, and again basically white. The group naturally has more experience and more formal education, although the differences are less than was expected. As with the paraprofessionals, most supervisors spent three or more hours in training or supervision each week. Not one supervisor suggested that less supervision was indicated.

Procedures

The returned questionnaires were screened by the researcher to insure that the appropriate criteria were met and that the questionnaires had been satisfactorily completed. Seven paraprofessional and two supervisory questionnaires which did not have usable information were omitted from the study. Three of the questionnaires were not included because the paraprofessional participants did not attempt to answer the questions. One of those wrote, "There has been no single experience which I can think of. . . ." Three paraprofessional participants described experiences with clients, but did not indicate that their supervisor helped in any way. And one participant described experiences in such a way that it was unclear what the supervisor actually did, and no extractions were possible. Of the two rejected questionnaires from supervisors, one concerned the process between the supervisor and the client, and did not mention the paraprofessional. The second supervisor described advantages and problems with paraprofessional caregivers, but did not describe supervision experiences.

The researcher organized and assigned the completed questionnaires to two independent readers who were doctoral students in counseling. The readers extracted critical behaviors of supervisors which were identified

TABLE 4

Summary of Supervisor Participants

AGE: Less than 20 = 0.0%	SEX: Male = 60.7%
20 to 29 = 35.7%	Female = 39.3%
30 to 39 = 39.3%	
Above 39 = 25.0%	RACE: Black = 7.1%
	White = 92.9%
EDUCATION:	EXPERIENCE:
Some college = 7.1%	More than 4 years = 21.4%
College degree = 21.4%	3 years = 28.6%
Master's degree = 42.9%	2 years = 32.1%
Ph.D. degree = 28.6%	1 year or less = 17.9%
HOURS SPENT IN SUPERVISION OR TRAINING EACH WEEK:	SUPERVISION PREFERENCE:
Less than 1 hour = 17.9%	More supervision = 50.0%
1 to 2 hours = 21.4%	About the same = 50.0%
2 to 3 hours = 14.3%	Less supervision = 0.0%
3 or more hours = 46.4%	

as most or least helpful in paraprofessional supervision. The outline given to the readers is presented below.

Outline to Extract Critical Behaviors

Identification of questionnaire: Supervisor #____ or Paraprofessional#____

Nature of Experience: Positive____ or Negative____ .

Situation: Give a brief summary of the situation, just enough to clarify what was actually done.

Action: What was done by the supervisor? List each extraction that is distinct and can stand by itself. There may be only one, or there may be several. Try to identify each critical behavior which was considered important. If you can find no single behavior to extract, please note.

Note: Each questionnaire should have both a positive and a negative description. Please use a separate sheet for the negative extractions. The above procedures are simply repeated.

The researcher collected the total statements extracted by the readers and formulated a complete listing of each different supervisory behavior identified. All statements identified by both readers were included in the list. Statements isolated by one reader, but not the other, were compared to the researcher's extractions and were included when there was joint agreement. Extracted statements were not included that were not supported by a second reader. The purpose of extracting statements from the general descriptions was to isolate as many independent critical behaviors of supervisors as possible. An example of an original description and the behaviors extracted from it is presented on page 35.

The researcher then typed each separate critical behavior and background situational information on a 4 by 6 index card. Some of the descriptions had more than one supervisory behavior identified as "most valuable" or "least valuable." The mean number of extractions from the "most helpful" experiences of the paraprofessional participants was 1.5 compared to a mean of 2.5 from the supervisors who participated. There were less extractions

from the "least helpful" experiences. The mean for paraprofessional workers was 1.0, and the mean for supervisors was 1.2.

There were 326 total extractions which suggested most helpful or least helpful supervisory behaviors. Those critical behaviors extracted are broken down as follows:

	Respondants	Extractions
Paraprofessionals' Positive	79	138
Paraprofessionals' Negative	67	91
Paraprofessionals' Total	90	229
Supervisors' Positive	26	65
Supervisors' Negative	24	32
Supervisors' Total	26	97

Eleven paraprofessional participants did not have usable statements extracted from their "most helpful" experiences, and 23 did not have "least helpful" statements extracted. Two supervisors did not have statements extracted from their "least helpful" experiences.

The Content Analysis

The development of categories.--On the basis of the extracted behaviors of the supervisors, the researcher completed a content analysis in order to develop a categorical scheme which could summarize the most and least helpful experiences. One-half of the extracted statements were randomly selected from the paraprofessional (n = 110) and supervisory (n = 50) samples in order to develop the classification system. The remaining 166 statements were saved to cross-validate the categories selected in order to test the comprehensiveness of the classification system.

Following the recommendations of Flanagan (1954), Van Kaam (1958), and Fox (1969), the researcher read each item, grouped similar statements, and began developing general themes which the supervisors' behaviors suggested. The statements were sorted and resorted until distinct and definable categories were formed.

The inductive grouping process continued with the development of smaller classes within the major categories discovered. Once the classification system was formulated, definitions were developed that described the categories as distinctly as possible. The purpose of the classification system is to increase the value of the descriptions while sacrificing as little as possible of the specificity and comprehensiveness of the individual statements.

Flanagan (1954) describes the usual procedure as follows:

> The usual procedure is to sort a relatively small sample of incidents into piles that are related to the frame of reference selected. After these tentative categories have been established, brief definitions of them are made, and additional incidents are classified into them. During this process, needs for redefinition and for the development of new categories are noted. The tentative categories are modified as indicated and the process continued until all the incidents have been classified.
>
> The larger categories are subdivided into smaller groups and the incidents that describe very nearly the same type of behavior are placed together. The definitions for all the categories and major headings should then be re-examined in terms of the actual incidents classified under each [pp. 344-345].

For illustration purposes, the following description taken from one of the paraprofessional samples is presented as broken into the extracted components. The extracted statements are then tentatively classified.

> My supervisor had me see a client, decide the action to take with him and do a complete follow-up. We discussed it later and she praised the job, and at the time, pointed out ways I could have handled it had it went [sic] different ways.

Three specific behaviors were extracted by the readers. They were paraphrased as follows:

> 1. The supervisor gave the paraprofessional an assignment and allowed the paraprofessional to carry it out.
>
> 2. The supervisor discussed it with the paraprofessional later and praised the job performed.

3. The supervisor discussed it with the paraprofessional later and pointed out ways the paraprofessional might have done things differently.

There seems to be two general ideas presented by the paraprofessional in this description: 1. The supervisor gave responsibility to the paraprofessional and trusted him to do the assignment. 2. And the supervisor provided feedback to the paraprofessional on the job done. Two smaller classes might be suggested within the feedback theme: a. The supervisor praised and recognized the work of the paraprofessional. And b., the supervisor offered alternatives to the paraprofessional.

While the classes were altered with the addition of the remaining descriptions, the first suggested categories were:

1. Responsibility
2. Feedback
    a. Positive Reinforcement
    b. Suggested Alternatives

The 160 total extractions in the first sample were sorted and classified until the complete categorical system was developed which could summarize the most and least helpful experiences. Seven positive and seven negative major categorical themes emerged from the content analysis. The categorical system is discussed in Chapter III.

Interrater reliability.--After the researcher developed the categorical themes, the 4 by 6 cards were assigned to two independent raters who were third year doctoral students in clinical psychology. In order to familiarize themselves with the categorical system, the raters practiced sorting sample statements from the pilot subjects. After the raters could comfortably identify the dominant theme in the statements presented, they independently sorted the 326 critical behaviors. The raters used a card-sort technique to assign each separate extraction to one of the categories. The researcher also rated the cards to check the completeness of the categorical scheme.

Interrater reliability was computed using the procedures for determining reliability of content analysis suggested by Fox (1969).

$$\text{Percent Agreement} = 100 \times \frac{\text{number of units of data coded identically}}{\text{total number of units of data coded}}$$

The reliability among the raters ranged from 78.8 to 90.5 for the total 326 critical behaviors. Interrater reliabilities for the "least helpful" behaviors were consistently lower than "most helpful" behaviors, but were sufficiently reliable for the study. The summary of the reliability ratings is presented in Table 5.

The completeness of the categorical system.--Although the seven positive and seven negative categories are by no means theoretically complete, the raters were able to empirically code every supervisory behavior suggested by the supervisors and paraprofessionals. No new categories emerged from the cards which were randomly withheld from the initial development of the categories. The categorical system, then, seems adequate to summarize the critical behaviors of supervisors as identified by the participants.

The classification system was developed from the 160 critical behaviors randomly selected from the total of 326. The raters were able to code the remaining 166 critical behaviors into the categorical scheme formulated. Since no new categories were developed, the statistical treatment is based upon the entire sample of the 326 critical behaviors.

Whenever raters disagreed in their selection of the appropriate categorical class, the critical behavior was assigned to the class agreed upon by two of the three judges. In the rare instance when all three judges disagreed, the behavior was classified in a miscellaneous category.

Statistical Treatment

In addition to the content analysis, two additional statistical procedures were employed in the treatment of the data. Rank-order correlation

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TABLE 5

Interrater Reliability

	Rater Reliability		
	Raters 1 & 2	Raters 1 & 3	Raters 2 & 3
Most Helpful Behaviors	91.6	85.7	80.3
Least Helpful Behaviors	88.6	84.6	76.4
Total Extractions	90.5	85.3	78.8

coefficients were computed to compare and contrast the identified themes suggested by paraprofessionals and their supervisors. Discriminant function analysis was also used to compare and contrast the classification system differences and similarities between paraprofessionals and supervisors.

The Spearman Rank Correlation Coefficient (r_S).--The Spearman rank correlation coefficient is a "measure of association which requires that both variables be measured in at least an ordinal scale so that the objects or individuals under study may be ranked in two ordered series" (Siegel, 1956, p. 202). In this study the categories developed were ordered based upon the frequency with which they represented critical behaviors identified by the paraprofessionals and also by the supervisors. The Spearman rank correlation coefficient was computed to compare the paraprofessional-positive scheme with the supervisory-positive scheme. In the same manner, it was used to compare the paraprofessional-negative scheme with the supervisory-negative scheme.

The discriminant function analysis.--This technique permits one to examine a series of categories for the purpose of identifying those categories which are more characteristic of one group than another. One may also by subsequent analysis determine the relative weights of the discriminant characteristics of the categories one from the other.

Questions and hypotheses.--

1. What types or categories of supervisor-paraprofessional experiences, both positive and negative, are identified as appreciably affecting the paraprofessionals' ability to respond to and help individuals in need?

a. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the most valuable to their ability to respond to and help other human beings?

b. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the least

valuable to their ability to respond to and help other human beings?

C. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the most valuable to the paraprofessionals' ability to respond to and help others?

d. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the least valuable to the paraprofessionals' ability to respond to and help others?

The first major question and the sub-set of four related questions were examined by content analysis. These questions deal with the development and ordering of the categories identified as critical in paraprofessional supervision.

2. Are the critical experiences which supervisors of paraprofessional helpers recognize as being most valuable and recognize as being least valuable to the paraprofessionals' development similar to those identified by the support personnel themselves?

Hypothesis 1. There are differences in the categorical schemes identified by paraprofessionals and supervisors.

Hypothesis 2. There are statistical differences in the rank order correlation of the categories identified by paraprofessionals and supervisors.

In addition to the content analysis, the second major question is further examined by discriminant function analysis and rank order correlation techniques. A discriminant function analysis was computed to investigate Hypothesis 1. The Spearman r_s was computed to test Hypothesis 2.

3. Are any of the categories formulated from the descriptions considered positive by the supervisors seen as negative by the paraprofessionals, or seen as negative by the supervisors but positive by the paraprofessionals?

Hypothesis 3. There are no categories which were seen as positive by the supervisors, but seen as negative by the paraprofessionals.

Hypothesis 4. There are no categories which were seen as positive by the paraprofessionals, but seen as negative by the supervisors.

The third major question and the two related hypotheses were investigated inductively. By careful study of the content analysis, the researcher compared the positive-paraprofessional categories with the negative-supervisor categories. Positive-supervisor and negative-paraprofessional categories were compared in the same manner.

4. Are the positive and negative categories formulated reversals of each other, or are they two separate dimensions based on completely different types of categories?

Hypothesis 5. The positive and negative categories formulated from the descriptions by paraprofessionals and supervisors are not reversals of each other. They are, in fact, two separate dimensions.

Again, an inductive process based upon the content analysis was necessary to answer the fourth question and to test Hypothesis 5.

In a study based upon content analysis, the researcher assumes responsibility to reach conclusions as free from personal bias as possible. In the current study, the researcher used independent readers to extract descriptive data and other independent raters to code the critical behaviors. The rank correlation coefficient and discriminant function analysis further reduced the probability that conclusions were reached without sound supporting evidence.

CHAPTER III

RESULTS

The major purpose of this study was to formulate a categorical scheme or system of experiences which paraprofessional mental health workers and their supervisors identified as most valuable or least valuable in helping paraprofessionals respond to and help other individuals.

The first question asks:

> 1. What types or categories of supervisor-paraprofessional experiences, both positive and negative, may be identified as appreciably affecting the paraprofessionals' ability to respond to and help individuals in need?

Fourteen major categories, seven positive and seven negative, were developed from the 326 critical behaviors extracted from experiences described by supervisors and paraprofessionals. With one exception, each major category was further divided into two sub-classes, which more specifically identified critical supervisory behaviors. The complete categorical scheme is included in Appendix D.

Most Helpful Supervisor Experiences

I. Availability:--The supervisor is personally accessable, approachable, or available to the paraprofessional. The supervisor gives time and energy to the paraprofessional.

   A. Temporal Availability: The supervisor gives the time desired to the paraprofessional. The supervisor structures periods together with the paraprofessional, or is immediately available to talk to the paraprofessional.

   B. Psychological Availability: The supervisor responds to or is sensitive to the paraprofessional's need to talk. The supervisor is approachable or goes out of the way to be available to the paraprofessional.

The first group of experiences seems to indicate the importance of the supervisor's availability to the paraprofessional. Did the supervisor give the paraprofessional the necessary time to talk, and was the supervisor willing to talk over matters with the paraprofessional? Availability, then, includes a physical or temporal component, and a psychological or willingness component.

For example, one paraprofessional wrote:

> Situation: I had just finished training and was seeing clients for the first time. I was very insecure doing in-takes and working directly with clients.
>
> Action: My supervisor was always available to talk with me. She was never too busy to help me with a problem.

An example of psychological availability is seen in the following description by a supervisor:

> Situation: A paraprofessional worker came to me distressed and emotionally upset after a patient had really manipulated her.
>
> Action: Although it was evident that I was very busy, I immediately dealt with her problems.

II. Emotional Support:--The supervisor is concerned about, interested in, and sensitive to the paraprofessional. The supervisor respects or has confidence in the paraprofessional. The supervisor responds to the emotional needs of the paraprofessional.

   A. Sensitivity: The supervisor is concerned about and interested in the paraprofessional's personal needs. The supervisor is sensitive to the paraprofessional's feelings.

   B. Confidence: The supervisor expresses, verbally or nonverbally, confidence in the paraprofessional. The supervisor respects the ability of the paraprofessional. The supervisor may express confidence directly, or indirectly through increased responsibility or independence. The supervisor allows the paraprofessional freedom to learn.

The second group of experiences focused on the personal feelings of the paraprofessional. Was the supervisor able to appreciate, understand and respond to the affective needs of the paraprofessional? One class that

emerged within the category of emotional support was related to the sensitivity and concern the supervisor expressed. A second class related more to the paraprofessional's need to feel adequate and accepted. Could the professional express respect for and confidence in the paraprofessional?

In emphasizing the value of a sensitive supervisor, a paraprofessional said:

> Situation: A client was manipulating me, and I was becoming quite frustrated, and feeling somewhat guilty.
>
> Action: My supervisor told me that my feelings of frustration and guilt were normal. She was supportive of my feelings.

In expressing confidence, a supervisor wrote:

> Situation: The paraprofessional was new and anxious about receiving group feedback during supervision.
>
> Action: I tried to communicate overall confidence and positive feelings for her good work.

III. Behavior Modeling:--The supervisor possesses exemplary qualities that impress the paraprofessional. The supervisor deals with a client, associate, or problem in such a way that the paraprofessional learns from the experience.

   A. Observation: The paraprofessional is able to observe the supervisor respond to a person or problem with unusual skill or sensitivity. The supervisor models skills or behaviors that prove helpful.

   B. Personal Qualities: The supervisor possesses personal qualities that impress or inspire the paraprofessional. The paraprofessional may express respect or admiration for the supervisor as a person.

A third group of experiences seems to relate more to the supervisor as a person and how he or she modeled the helping relationship. In most cases, there was no intention to be helpful, but the way in which the supervisor behaved spoke for itself.

Just observing the supervisor perform can be beneficial, as illustrated in the following example described by a supervisor:

> Situation: A paraprofessional who was feeling somewhat inadequate in counseling skills joined me just as I started a counseling interview.
>
> Action: I responded to the client as empathically as possible, bringing her underlying feelings into focus. The paraprofessional felt that observing a real counseling situation really helped her understand what she was trying to learn.

Often, it is not what the supervisor does, but the personal qualities possessed that seems most important. One of the paraprofessionals wrote about an experience in a hospital nursing home:

> Action: One of the nurses who supervises me has attitudes in general toward old folks in the nursing home which influence me a lot. She shows great concern, kindness and understanding to them all.

IV. Organizational Support:--The supervisor provides the structure and resources for the paraprofessional to work well in the organizational system. The supervisor provides orientation and information that helps integrate the paraprofessional into the service.

   A. Structure: The supervisor provides the support, structure, preparation, or integration needed by the paraprofessional. The supervisor creates experiences that help the paraprofessional get effectively involved in the work setting.

   B. Resources: The supervisor provides the information and resources needed by the paraprofessional to serve clients and work well in the organization.

The fourth category concerns organization, structure, and resources provided to the paraprofessional. Although organizational support is clearly important, especially in the initial service of a paraprofessional, this category was less descriptive of critical supervisory behaviors in that it was selected less frequently than any of the remaining six categories.

An important aspect of organizational support and structure is the integration of the paraprofessional into the services provided. For example,

a paraprofessional at a day care center wrote:

> Action: My supervisor had my placement structured so that I was "phased-in" at the Center. Each week, I assumed more involvement with the children and I learned as I went along.

A supervisor at a state mental hospital discusses how a new paraprofessional was integrated into the system:

> Action: I assigned an exercise where the paraprofessional was instructed to interview a patient, read the patient's file, and write a brief report. The paraprofessional quickly learned what our service was all about and how to find the necessary information.

V. Client-focused Feedback:--The supervisor provides feedback or discussion to the paraprofessional which is focused on the client or services provided. The supervisor may discuss cases, explain problems, share personal experiences, or give advice or alternatives.

   A. Explanation: The supervisor explains or clarifies client problems or dynamics. The supervisor gives feedback about the client. The supervisor may explain or justify the services provided to the client.

   B. Personal Experiences: The supervisor relates personal experiences with a client or special problem. The supervisor may tell how certain similar situations were handled; the focus is on the supervisor's own ideas, approaches, or experiences.

   C. Alternatives: The supervisor suggests different ways of working with a client or problem. The supervisor may give specific advice or directions for the paraprofessional to try. Alternative ideas or approaches are presented to the paraprofessional.

The fifth category relates directly to the clients being served, and how the paraprofessional can better respond to them. Three specific forms of client-focused feedback were identified. The supervisor may focus directly on the client, and talk about the client's personality or the services provided to the client. For example, a paraprofessional who was experiencing some problems with a client wrote:

> Action: My supervisor helped me to determine whether the client was experiencing schizoid tendencies or just being confused. I was better able to understand the client then.

General discussion about the client and services provided is also part of the explanation class. A supervisor writes about his experience:

> Situation: A paraprofessional came to me and said that she did not feel that she could handle a case she was assigned to see. The client was overwhelmed following the death of her husband.
>
> Action: I talked over what could be done with the client in the session coming up. We talked about the client's needs and what the paraprofessional could do to help.

At times, the supervisor helps the paraprofessional respond to people by describing personal experiences which illustrate how the supervisor has handled similar situations or clients. A paraprofessional summarizes a helpful experience during a regular weekly supervision:

> Action: My supervisor drew on his own experiences when talking to me about the client I was working with.

A third pattern of client-focused feedback emphasized the value of specific advice or exploration of alternatives. Several paraprofessionals reported experiences similar to this one:

> Situation: An out-patient client was trying to give me a snow job. He was calling my home and going places where he thought I would be.
>
> Action: My supervisor gave me some good suggestions to deal with the problem.

More direct advice is illustrated by the following description:

> Situation: I had an alcoholic client who wanted to kill himself. I was at a loss as to what to do.
>
> Action: My supervisor told me to contact the client's wife and get her to go home to the husband. She did and things worked out fine.

VI. Paraprofessional-focused Feedback:--The supervisor provides feedback about cases or experiences that is focused on the paraprofessional's abilities or personal qualities. The supervisor discussed the actions or qualities of the paraprofessional. Specific positive and negative feedback may be provided.

A. Critique: The supervisor examines and discusses strengths and weaknesses of the paraprofessional. The supervisor may provide general comments and discussion about the paraprofessional's work.

B. Personal Awareness: The supervisor provides feedback or comments which help the paraprofessional better understand himself (herself), and how he (she) relates to clients or associates. Personal growth, insight, and awareness are dominant themes presented here.

A major group of experiences also deals with feedback, but is focused on the individual paraprofessional rather than immediately helping the client. Supervisors are often concerned about the growth and development of the paraprofessional, and give feedback on the paraprofessional's abilities, plans, opinions, or even personality.

The most common form of paraprofessional feedback seems to be summarized as general criticism or a critique of the paraprofessional's work. A supervisor expresses a "most helpful" experience which illustrates paraprofessional-focused feedback:

> Situation: A new and anxious paraprofessional was receiving group feedback about a client interaction. The counseling interview was tape recorded.
>
> Action: I discussed her tape and talked about what she was trying to do. I gave positive and negative feedback in a facilitative manner.

Another type of paraprofessional-focused feedback seems to be aimed at the personality and dynamics of the paraprofessional. Supervisors particularly indicated the value of helping the paraprofessionals gain personal insight or greater depth of understanding about themselves. In an attempt to help the paraprofessional increase her personal awareness, one supervisor wrote:

> Situation: In group supervision, the paraprofessional shared her great concern about one of her clients who appeared close to a psychotic break.

Action: I focused on the paraprofessional's need to be a helper of suffering people, and her frustration and guilt in situations in which she felt herself unable to help.

VII. Skill Development:--The supervisor helps the paraprofessional learn and develop new skills. The supervisor provides training activities or experiences or discusses clinical and counseling skills with the paraprofessional.

A. Training Activities: The supervisor organizes, directs, or facilitates learning experiences for the paraprofessional. The supervisor employs didactic or experiential techniques to help the paraprofessional improve.

B. Clinical Skills: The supervisor helps the paraprofessional with assessment, diagnostic, or clinical skills. The supervisor helps the paraprofessional better learn counseling skills and techniques.

The seventh category, which seemed to summarize critical behaviors of supervisors, involved learning and training activities. Since many of the paraprofessional mental health workers were also participating in formal training, as well as being relatively inexperienced, an emphasis on skill development is not surprising.

The supervisor may help the paraprofessional develop new counseling skills through formal training or teaching activities, or through less formal attention to counseling techniques during individual discussions.

In describing a small group laboratory training requirement, a paraprofessional said:

Action: The role playing experiences led by my supervisor have been most valuable. Assuming the role of a client or a counselor helps you understand counseling better.

In the following example, a supervisor indicates how attention to skill development helped a paraprofessional:

Situation: A paraprofessional came to me and said that she did not feel that she could handle a case she was assigned to see. The client was overwhelmed following the death of her husband.

Action: I gave the paraprofessional a quick overview and synopsis of bereavement counseling.

In another situation, the supervisor was actually participating with the paraprofessional during a counseling interview:

Action: I helped the paraprofessional reflect on what was being said by the client.

A final grouping of miscellaneous items was allowed for all the behaviors that did not fairly belong within any of the seven categories developed. Every effort was made to first identify an appropriate category before adding a critical behavior to the miscellaneous group. For example, one paraprofessional care-giver stated:

Action: I believe that the individual contact with my supervisor is more valuable than working in a group.

It is unclear what the supervisor did that was helpful and the raters simply disagreed in their attempts to code this description. No other statements, however, were coded in the miscellaneous group.

Least Helpful Supervision Experiences

I. Unavailability:--The supervisor does not give the paraprofessional the time and energy desired. The supervisor is physically or emotionally unavailable to help or respond to the paraprofessional.

   A. Temporal Unavailability: The supervisor does not provide the time necessary to the paraprofessional. The supervisor does not meet with the paraprofessional or does not provide sufficient contact time.

   B. Psychological Unavailability: The supervisor does not respond to the paraprofessional. The supervisor puts off or does not listen to the paraprofessional. The supervisor is unavailable or unapproachable to the paraprofessional.

The first theme developed among the least helpful critical behaviors was concerned with the accessibility and availability of the supervisor, only in the negative form. Experiences in which the supervisor was physically or emotionally unavailable implied that supervision often was not possible when it was most immediately needed by paraprofessionals.

In describing a general lack of supervision, one paraprofessional helper remarked:

> Action: The least helpful supervision experience is the one you don't get because supervisors are too busy to help you.

A sensitive supervisor recognized a missed opportunity when she wrote:

> Situation: I knew about the paraprofessional's training experience which included a lot of personal confrontation.
>
> Action: I thought that the paraprofessional would handle things okay, and I did not talk it over with him. The confrontation from the training program hit him harder than I thought.

II. Lack of Emotional Support:--The supervisor does not respect or is not sensitive to the paraprofessional's opinions or feelings. The supervisor may show disrespect through lack of concern for the paraprofessional, or through lack of confidence in the paraprofessional's ability. The supervisor does not tune into the emotional needs of the paraprofessional.

A. Lack of Sensitivity: The supervisor does not express concern for or interest in the paraprofessional's opinions or feelings. The supervisor may be insensitive to or fail to respond to the emotional needs or feelings of the paraprofessional.

B. Lack of Confidence: The supervisor expresses lack of confidence in the paraprofessional's ability or personal qualities. The supervisor does not believe that the paraprofessional can do the job satisfactorily and may limit the responsibility or independence of the paraprofessional.

Just as in the "most helpful" group of experiences, the second category focuses on the personal feelings and needs of the paraprofessional. Lack of emotional support encompasses not only overt negative responses to the paraprofessional's feelings, but also the failure to recognize or accurately respond to the paraprofessional's personal needs.

A concerned supervisor illustrates how one may express a lack of sensitivity without such intention:

> Situation: One particular day during a regularly scheduled supervision session, I was under some personal emotional strain.

Action: I came across as not being particularly interested in what was going on in the paraprofessional's personal life. My disinterest augmented his own feelings of inadequacy, and discouraged him.

Lack of confidence is a feeling created or expressed directly or indirectly. Sometimes the supervisor told other staff members how inadequate a particular paraprofessional seemed. In the following example, the lack of confidence occurred more dramatically:

Situation: I was working with a client in a counseling session with my supervisor.

Action: My supervisor did not like what I did, and stepped in and took over the session. I lost my creditability [sic] and still had to continue working with this client.

III. Dysfunctional Behavior Modeling:--The supervisor manifests behaviors or qualities that annoy, disappoint, or mislead the paraprofessional. The supervisor seems to be a negative example to the paraprofessional.

A. Client Disrespect: The supervisor shows disrespect or lack of concern for clients or associates. The supervisor reveals client confidences, or behaves unprofessionally.

B. Personality Traits: The supervisor possesses personal qualities or traits that the paraprofessional does not like or admire.

Just as a supervisor can manifest exemplary personal characteristics, so can the supervisor behave in ways that disappoint and discourage the paraprofessional. It was impressive that the model presented by the supervisor was particularly important in respect to attitudes toward clients and associates. Unprofessional behavior such as revealing confidences was especially noticed by paraprofessionals. After seeing a client together with her supervisor, one paraprofessional helper reported:

Action: My supervisor said to me about the client we were seeing, "Boy, was he crazy!" He frequently puts the clients down.

It is understandable that personality differences must exist among some paraprofessionals and supervisors. General personality traits of

supervisors were identified by some paraprofessionals in their least helpful experiences. One succinct paraprofessional simply stated, "My supervisor is just plain lazy." Another paraprofessional expressed a different feeling:

> Action: My supervisor came across as being particularly professional. You know--the professional facade that comes with a degree.

IV. Organizational Problems:--The supervisor does not adequately help the paraprofessional fit into the organization and services provided. The paraprofessional is not sufficiently prepared or oriented for the duties or assignments provided.

A. Lack of Structure: The supervisor does not provide the support, structure, preparation, or orientation needed or wanted by the paraprofessional. The supervisor does not adequately help integrate the paraprofessional into the organization.

B. Bureaucracy: The paraprofessional is turned off by unresponsive services, red tape, or impersonalization within the organization. General dislike for the administration or services may be expressed.

As in the "most helpful" themes, organizational support did not represent a major concern of supervisors and paraprofessionals. On the other hand, some experiences were best summarized within this categorical umbrella, and lack of structure and bureaucracy are understandable concerns with new mental health workers.

One paraprofessional who just started to work said:

> Action: I was given little direction as to what to do.

Another worker commented about seeing clients for the first time:

> Action: I needed more specific instructions on patients I was assigned to work with.

Although atypical, one paraprofessional did express impatiently:

> Action: The red tape at the agency was impossible. It took months to get things done.

V. Supervisor-Paraprofessional Dissonance:--There is disagreement or misunderstanding between the supervisor and the paraprofessional. This difference may be personal to the individual, or general to the utilization of paraprofessionals. The supervisor may not understand or appreciate the roles and functions of the paraprofessional.

A. Disagreement: The supervisor disagrees or differs with the paraprofessional's opinions or actions. There is a difference in expectations between the supervisor and the paraprofessional. The paraprofessional may not agree with the supervisor's decisions or actions.

B. Role Delineation: The supervisor does not accept, understand or value the abilities and contributions of the paraprofessional. There may be a devaluation implied or menial tasks assigned. There is a misconception about the proper roles and functions of paraprofessionals.

The fifth category is a departure from the positive themes expressed. Supervisor-paraprofessional dissonance may refer to specific differences or disagreements between the paraprofessional and the supervisor, or, in a more general sense, a difference in the concept of paraprofessionalism itself.

In describing a basic disagreement with her supervisor, a paraprofessional concluded:

> Action: My supervisor does not value people admitting to being hurt or afraid. He sees admitting weaknesses as a fault or a mar in one's character. I view this differently. I see it as a strength.

Role delineation is an area that has received a great deal of attention among professionals involved in the utilization of paraprofessionals. It is not surprising that it is sometimes a problem in an individual's work and that it affects the supervision relationship.

An example from a supervisor illustrates one of the problems in meaningfully using paraprofessional mental health workers:

> Action: I assigned the paraprofessional to supervise a patient lounge area at a state mental hospital. The person felt like a babysitter who was not contributing to the patients' treatment activities.

VI. Paraprofessional Focused Feedback:--The supervisor discusses or gives feedback to the paraprofessional about the paraprofessional's personality or performance. The supervisor may criticize or analyze the paraprofessional.

A. Critique: The supervisor gives the paraprofessional negative feedback or criticizes the paraprofessional's performance. The supervisor seems to demean, attack, or put down the paraprofessional.

B. Personal Awareness: The supervisor judges, analyzes, or interprets the paraprofessional's personality or behavior. The supervisor probes or goes deeper into the personality of the paraprofessional than is accepted or desired.

The sixth category returns to a theme identified in the "most helpful" experiences. Supervisors may give feedback about the paraprofessional's ability or personality. The feedback, however intended, has a profound negative impact.

Sometimes the "least helpful" experience may be unavoidable, as the following example implies:

Situation: I supervised a girl who I had serious doubts about her ability. She came in every week with personal problems. She was always upset.

Action: I informed her that I was not able to approve of her work. She was just not able to do the job. This feedback "wiped her out" and created an intense emotional crisis.

While professional supervisors have tended to emphasize the value of personal insight and self-awareness in their relationships, supervisors, as well as paraprofessionals, appreciated the difficulty of facilitating feedback about one's personality. Often, the effort is a failure.

The next example illustrates how a supervisor had good intentions in giving feedback to the paraprofessional:

Situation: I was in a partial hospitalization setting, and I talked with my supervisor about my uneasiness in that setting. I did not know what was expected of me and what were my limits.

Action: My supervisor told me that I had a low key personality and, therefore, had trouble working into a new setting.

It is unclear in the following example whether the supervisor accepts responsibility for the unsuccessful attempt to explore the paraprofessional's personal needs. The example, though, is quite typical:

Situation: A new paraprofessional working as a co-leader in a sensitivity group described her feelings of anxiety, uncertainty, and frustration.

Action: I tried to call attention to her strong need for the leader's approval of her work. The paraprofessional could not deal with this observation.

VII. Skill Development Weaknesses:--The supervisor fails to provide or ineffectively provides training and skill development needed or wanted by the paraprofessional.

A. Lack of Training: The supervisor does not provide the necessary training or help the paraprofessional learn the skills that are desired.

B. Training Problems: The supervisor provides training or learning experiences that are negative to the paraprofessional. The paraprofessional participates in training exercises that are degrading, unpleasant, or irrelevant.

The final category is again a reflection of experiences identified as "most helpful." The paraprofessional simply does not receive the training required, or the training experience proves to be counter-productive.

The following two examples describe small group role playing experiences that probably were well received by several of the participants. However, one paraprofessional responded:

Action: We were asked to take part in a non-verbal trust exercise that was really stupid and worthless.

Another worker expresses a different problem:

Action: My supervisor required me to take part in role playing exercises. I felt put on the spot because I wasn't experienced in such activities. I couldn't see where it would help in any way other than to see me stumble for words.

As in the "most helpful" categories, all critical behaviors which could not be appropriately associated with one of the defined categories were grouped together in a miscellaneous section. While individual raters felt forced to select the miscellaneous group at times, no data remained in the section when the ratings were combined.

The Categorical Scheme: Frequencies and Percentages

The first question posed in this study contained a sub-set of four questions concerning the positive and negative experiences of the paraprofessionals and their supervisors. The four questions are:

a. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the most valuable to their ability to respond to and help other human beings?

b. What types or categories of supervisor-paraprofessional experiences are identified by paraprofessionals as being the least valuable to their ability to respond to and help other human beings?

c. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the most valuable to the paraprofessionals' ability to respond to and help others?

d. What types or categories of supervisor-paraprofessional experiences are identified by supervisors of paraprofessionals as being the least valuable to the paraprofessionals' ability to respond to and help others?

Table 6 outlines the categorical scheme for "most helpful" experiences in supervision, and indicates the frequency and percent represented by each category and class. Table 7 summarizes the frequency and percent for each "least helpful" category.

Seven positive areas of supervision experiences were identified and can be considered important. Of the seven "most helpful" categories, though, two stand out as being especially important to both supervisors and paraprofessionals. "Emotional Support" ranked first with each group. "Client-focused Feedback" was the other category recognized as valuable by both

TABLE 6

Most Helpful Paraprofessional Supervision:
Frequencies and Percents

Category	Paraprofessional-Positive Frequency		Paraprofessional-Positive Percent		Supervisor-Positive Frequency		Supervisor-Positive Percent	
I. Availability		14		10.1		8		12.3
A. Temporal Availability	10		7.2		2		3.1	
B. Psychological Availability	4		2.9		6		9.2	
II. Emotional Support		38		27.5		15		23.1
A. Sensitivity	20		14.5		7		10.8	
B. Confidence	18		13.0		8		12.3	
III. Behavior Modeling		19		13.8		2		3.1
A. Observation	13		9.4		2		3.1	
B. Personal Qualities	6		4.3		0		0.0	
IV. Organizational Support		6		4.3		6		9.2
A. Structure	5		3.6		5		7.7	
B. Resources	1		0.7		1		1.5	
V. Client-focused Feedback		31		22.5		13		20.0
A. Explanation	13		9.4		6		9.2	
B. Personal Experiences	5		3.6		1		1.5	
C. Alternatives	13		9.4		6		9.2	
VI. Paraprofessional-focused Feedback		13		9.4		13		20.0
A. Critique	9		6.5		5		7.7	
B. Personal Awareness	4		2.9		8		12.3	
VII. Skill Development		17		12.3		8		12.3
A. Training Activities	11		8.0		3		4.6	
B. Clinical Skills	6		4.3		5		7.7	
Total number of items		138				65		
Number of respondants		79				26		

TABLE 7

Least Helpful Paraprofessional Supervision:
Frequencies and Percents

Category	Paraprofessional-Negative Frequency	Paraprofessional-Negative Percent	Supervisor-Negative Frequency	Supervisor-Negative Percent
I. Unavailability	15	16.5	3	9.4
A. Temporal Unavailability	10	11.0	1	3.1
B. Psychological Unavailability	5	5.5	2	6.3
II. Lack of Emotional Support	19	20.9	14	43.8
A. Lack of Sensitivity	13	14.3	12	37.5
B. Lack of Confidence	6	6.6	2	6.3
III. Dysfunctional Behavior Modeling	18	19.8	0	0.0
A. Client Disrespect	12	13.2	0	0.0
B. Personality Traits	6	6.6	0	0.0
IV. Organizational Problems	8	8.8	2	6.3
A. Lack of Structure	7	7.7	2	6.3
B. Bureaucracy	1	1.1	0	0.0
V. Supervisor-Paraprofessional Dissonance	11	12.1	3	9.4
A. Disagreement	7	7.7	2	6.3
B. Role Delineation	4	4.4	1	3.1
VI. Paraprofessional-focused Evaluation	9	9.9	9	28.1
A. Critique	8	1.1	7	21.9
B. Personal Awareness	1	8.8	2	6.3
VII. Skill Development Weaknesses	11	12.1	1	3.1
A. Lack of Training	4	4.4	0	0.0
B. Training Problems	7	7.7	1	3.1
Total number of items	91		32	
Number of Respondants	67		24	

paraprofessionals and supervisors. Supervisors supported the value of "Paraprofessional-focused feedback," more so than did paraprofessionals; whereas "Behavior modeling" was ranked higher by paraprofessionals.

The Categorical Scheme: Similarities and Differences

The second major question in this study concerns the similarities and differences between the experiences described by paraprofessional mental health workers and their supervisors. Two hypotheses are tested. The second question asks:

> 2. Are the critical experiences which supervisors of paraprofessional helpers recognize as being most valuable and recognize as being least valuable to the paraprofessionals' development similar to those identified by support personnel themselves?

Table 8 shows the means, standard deviations, and F-ratio for the frequency with which paraprofessionals' and supervisors' descriptions of their most valuable experiences fall into each category. Table 9 summarizes the means, standard deviations, and F-ratio for their least valuable experiences.

> Hypothesis 1. There are differences in the categorical scheme, based upon their frequencies, identified by paraprofessionals and supervisors.

Most helpful supervision experiences.--As presented in Table 8, two of the major categories and three of the classes within a category were significantly different between the responses of the paraprofessionals and supervisors. Although Category I, Availability, did not prove different between the groups, supervisors identified Class B, Psychological Availability, significantly more often than did the paraprofessionals. It seems reasonable that supervisors stress the importance of being psychologically more accessible or available whereas paraprofessionals were more tuned into the temporal component of the supervisor's availability.

TABLE 8

Most Helpful Supervision Experiences
Means, Standard Deviations, and F-ratio

Category	Paraprofessionals		Supervisors		
	Mean	Standard Deviation	Mean	Standard Deviation	F-ratio
I. Availability	.1555	.4216	.3077	.4707	2.4917
A. Temporal Availability	.1111	.3498	.0769	.2716	.2111
B. Psychological Availability	.0444	.2558	.2308	.4297	7.6490*
II. Emotional Support	.4222	.7186	.5769	1.1017	.7213
A. Sensitivity	.2222	.4921	.2692	.6038	.1656
B. Confidence	.2000	.5017	.3077	.6794	.7858
III. Behavior Modeling	.2111	.5082	.0770	.2718	1.6673
A. Observation	.1444	.3840	.0770	.2718	.7004
B. Personal Qualities	.0667	.2922	.0000	.0000	1.3448
IV. Organizational Support	.0667	.2922	.2308	.5144	4.3565**
A. Structure	.0556	.27483	.1923	.4019	3.9966**
B. Resources	.0111	.10541	.0385	.1961	.8819
V. Client-focused Feedback	.3444	.6896	.5000	.8124	.9460
A. Explanation	.1444	.4122	.2308	.4297	.8682
B. Personal Experiences	.0556	.2303	.0385	.1961	.1182
C. Alternatives	.1444	.3840	.2308	.6516	.7219
VI. Paraprofessional-focused Feedback	.1444	.4635	.5000	.6481	9.8144*
A. Critique	.1000	.3369	.1923	.4019	1.3859
B. Personal Awareness	.0444	.2558	.3077	.5491	11.9279*
VII. Skill Development	.1889	.4471	.3077	.4707	1.3914
A. Training Activities	.1222	.3294	.1154	.3258	.0087
B. Clinical Skills	.0667	.3284	.1923	.4019	2.6617

* $p < .01$ ** $p < .05$

Note. - The mean was computed by dividing the frequency a category was selected by the total number of paraprofessional participants (90) or the number of supervisors participating (26).

TABLE 9

Least Helpful Supervision Experiences
Means, Standard Deviations, and F-ratio

Category	Paraprofessionals		Supervisors		
	Mean	Standard Deviation	Mean	Standard Deviation	F-ratio
I. Unavailability	.1667	.4559	.1154	.3258	.2858
A. Temporal Unavailability	.1111	.3498	.0385	.1961	1.0242
B. Psychological Unavailability	.0556	.2303	.0769	.2716	.1598
II. Lack of Emotional Support	.2111	.4856	.5385	.6469	7.8354*
A. Lack of Sensitivity	.1444	.4122	.4615	.6469	9.0381*
B. Lack of Confidence	.0667	.2922	.0769	.2718	.0256
III. Dysfunctional Behavior Modeling	.1889	.4471	.0000	.0000	4.6124**
A. Client Disrespect	.1333	.3733	.0000	.0000	3.2970
B. Personality Traits	.0556	.2303	.0000	.0000	1.5030
IV. Organizational Problems	.0889	.3231	.0769	.2718	.0295
A. Lack of Structure	.0778	.3082	.0769	.2718	.0002
B. Bureaucracy	.0111	.1054	.0000	.0000	.2871
V. Supervisor-Paraprofessional Dissonance	.1222	.3294	.1154	.3258	.0087
A. Disagreement	.0778	.2693	.0769	.2718	.0002
B. Role Delineation	.0444	.2072	.0385	.1961	.0172
VI. Paraprofessional-focused Evaluation	.1000	.3369	.3462	.4852	8.7171*
A. Critique	.0111	.1054	.2692	.4523	25.0999*
B. Personal Awareness	.0889	.3231	.0769	.2718	.0296
VII. Skill Development Weaknesses	.1222	.3294	.0385	.1961	1.5196
A. Lack of Training	.0444	.2072	.0000	.0000	1.1884
B. Training Problems	.0778	.2693	.0385	.1961	.4793

* $p < .01$ ** $p < .05$

Note. - The mean was computed by dividing the frequency a category was selected by the total number of paraprofessional participants (90) or the number of supervisors participating (26).

Supervisors were also more concerned about the importance of effective Organizational Support, Category IV. The difference is within Class B, Structure. Supervisors more often were concerned with helping the paraprofessional fit into the organization. Neither group, however, considered Organizational Support one of their top areas of most helpful supervision experiences.

The most important difference seems to be in Category VI, Paraprofessional-focused Feedback. Category VI and Class B are significantly different between the supervisor and the paraprofessionals. Twenty percent of the critical behaviors described by supervisors were related to giving feedback to the paraprofessional, compared to 9.4% of the behaviors identified by the paraprofessionals. When giving feedback, supervisors often aimed at the personality of the paraprofessional. Only 2.9% of the behaviors described by paraprofessionals were concerned with Personal Awareness, in contrast to the 12.3% in the supervisory group.

Although not statistically significant, another important difference existed in Category III, Behavior Modeling. Paraprofessionals considered the supervisor's behavior important to many of their learning experiences. As seen in Table 6, 13.8% of the most helpful descriptions were coded in Category III; only 3.1% of the supervisory group were concerned with the personal behavior of the supervisor.

Least helpful supervision experiences.--Three categories and two classes differed significantly in the Least Helpful Categorical Scheme. Although supervisors and paraprofessionals both ranked Category II, Lack of Emotional Support, as the most important factor in least valuable experiences, considerably more of the critical incidents of the supervisors were concerned with failures in providing sufficient emotional support. The critical difference is in Class B, Lack of Sensitivity, which summaried 37.5% of

the experiences identified by supervisors and only 14.3% of those of the paraprofessionals.

Category III, Dysfunctional Behavior Modeling, was statistically different between supervisors and paraprofessionals. Again, the behavior of the supervisor emerged as an important variable which was recognized by paraprofessionals, but not by the supervisors. Of the critical behaviors described by paraprofessionals, 19.8% were related to the supervisor's behavior. No supervisors described their own personal behavior as a component in least valuable supervision experiences.

Just as in the Most Helpful Categorical Scheme, Paraprofessional-focused Feedback, Category VI, differed significantly between supervisors and paraprofessionals. Within Category VI, Class A (Critique) differed significantly. Supervisors were more aware of trying to give feedback to paraprofessionals, and not succeeding. Among experiences described by supervisors, 28.1% were concerned with "Paraprofessional-focused Feedback," compared to 9.9% of those described by paraprofessionals. Class A, Critique of the paraprofessional's work, absorbed the major difference. Supervisors and paraprofessionals equally identified problems in helping the paraprofessional gaining more "Personal Awareness."

Rank Correlation: Supervisors and Paraprofessionals

> Hypothesis 2. There will be statistical differences in the rank order of the categories identified by paraprofessionals and supervisors.

The Spearman rank correlation coefficient, r_s , for the Most Helpful Categorical Scheme is .48, while r_s for the Least Helpful Categorical Scheme is .13. The Spearman rank correlation coefficients were not significant, indicating that there were in fact different priorities for the paraprofessionals and the supervisors. Table 10 ranks the Most Helpful and Least Helpful categories.

TABLE 10

Spearman Rank Correlation:
Paraprofessional versus Supervisor Responses

Category	Most Helpful			Least Helpful		
	Paraprofessional	Supervisor	Difference	Paraprofessional	Supervisor	Difference
I.	5	4.5	.5	3	3.5	- .5
II.	1	1	0.0	1	1	0.0
III.	3	7	-4.0	2	7	-5.0
IV.	7	6	1.0	7	5	2.0
V.	2	2.5	- .5	4.5	3.5	1.0
VI.	6	2.5	3.5	6	2	4.0
VII	4	4.5	- .5	4.5	6	-1.5
		r_s = .482			r_s = .134	

Most helpful.--Both supervisors and paraprofessionals selected Emotional Support, Category II, as the most important component of effective supervision. Both Sensitivity, Class A, and Confidence, Class B, were identified as valuable by supervisors and paraprofessionals.

The major differences between paraprofessionals and supervisors occurred in Categories III and VI. Category III, Behavior Modeling, was ranked third by paraprofessionals and seventh by supervisors. Obviously, supervisors were not sensitive to how important their personal performance and behavior was to paraprofessionals. On the other hand, supervisors felt that their Paraprofessional-focused Feedback, Category VI, was important enough to be ranked second along with Category V, Client-focused Feedback. Paraprofessionals, in contrast, ranked Paraprofessional-focused Feedback sixth on their list. Only 2.9% of the paraprofessionals identified Class B, Personal Awareness, as most valuable, whereas 12.3% of the supervisors did so.

Least Helpful.--The Least Helpful Categories are ranked similarly to the Most Helpful Categories. Again, Category II, Lack of Emotional Support, was most often identified by paraprofessionals and supervisors.

Category III, Dysfunctional Behavior Modeling, was ranked second by paraprofessionals, but seventh by the supervisors. Category VI, Paraprofessional-focused Evaluation, was second among supervisors, but only sixth among paraprofessionals.

> 3. Are any of the categories formulated from the descriptions considered positive by the supervisors seen as negative by the paraprofessionals, or seen as negative by the supervisors but positive by the paraprofessionals?

Question three is difficult to answer. Through inductive examination of the complete categorical system, some inferences might be made about

the differing impact certain experiences were to supervisors and paraprofessionals.

> Hypothesis 3. There are no categories which were seen as positive by the supervisors, but seen as negative by the paraprofessionals.

There are several possible categories in which misunderstanding between the supervisors and paraprofessionals could change the perception of the experience. A supervisor may express confidence by allowing the paraprofessional freedom to work out his own plans; the paraprofessional may experience the same behavior as "lack of structure." However, with one possible exception, there is no indication that some of the positive behaviors described by supervisors are interpreted as negative behaviors by the paraprofessionals. Both the paraprofessionals and supervisors recognized critical areas which at times contained "most valuable" experiences and at times contained "least valuable" ones.

The one exception seems to be in Category VI, Paraprofessional-focused Feedback. Supervisors identified Class B, Personal Awareness, as "most valuable" in 12.3% of the occasions compared to 2.9% of the paraprofessionals. On the other hand, paraprofessionals identified Personal Awareness experiences as "least valuable" on 8.8% of the occasions. While supervisors talked about "insight, understanding, self exploration, and personal awareness," paraprofessionals often felt "judged, analyzed, interpreted, and demeaned." Category VI, Class B, may well be an example of supervision behavior which is seen in a positive light by supervisors, but in a negative manner by paraprofessionals.

> Hypothesis 4. There are no categories which were seen as positive by the paraprofessionals, but seen as negative by the supervisors.

From the content analysis, Hypothesis 4 seemed to be supported. No category identified as "most helpful" by the paraprofessionals was identified as "least helpful" by the supervisors.

4. Are the positive and negative categories formulated reversals of each other, or are they two separate dimensions based on completely different types of categories?

Hypothesis 5. The positive and negative categories formulated from the descriptions by paraprofessionals and supervisors are not reversals of each other. They are, in fact, two separate dimensions.

Hypothesis 5 is not supported. There is only one category, Client-focused Feedback in the Most Helpful Categorical Scheme which does not appear in the Least Helpful Categorical Scheme. Likewise, only one category, Supervisor Dissonance, appeared in the Least Helpful Categorical Scheme, but not in the Most Helpful Categorical Scheme. To a large extent, the Most Helpful and Least Helpful Categorical Schemes are reversals of each other.

The Value of Supervision

As part of the questionnaire, participants were asked to indicate their preference for more, about the same, or less supervision. None of the supervisors said that less time should be devoted to supervision, and only 8.3% of the paraprofessionals preferred less supervision. Over 40% of the paraprofessionals and 50% of the supervisors recommended an increase in the time available for supervision.

Participants were also asked to rate the value of their supervision on an eight point scale. Table 11 presents the results for supervisors and paraprofessionals. A score of "8" indicates "highly valuable," while "1" suggests no or minimum value. It is remarkable that over 90% of the supervisors and 70% of the paraprofessionals rated their supervision "5" or above.

The Discriminant Analysis

In order to discriminate as much as possible between the responses of the supervisors and the responses of the paraprofessionals, a stepwise

TABLE 11

Value of Supervision:
Ratings of Paraprofessionals and Supervisors

Rating	8 %	7 %	6 %	5 %	4 %	3 %	2 %	1 %
Paraprofessionals	25.0	14.3	16.7	17.9	15.5	3.6	4.8	2.4
Supervisors	15.4	19.2	53.9	3.8	3.8	3.8	0.0	0.0

"8" = highly valuable; "1" = not valuable
Mean of the Paraprofessional Respondants: 5.74
Mean of the Supervisory Respondants: 6.27

discriminant analysis (BDM07M) was employed following the procedures in the Biomedical Computer Programs (Dixon, 1967). The complete Categorical System composed of major categories and classes within categories was included; the total number of "most helpful" behaviors and the number of "least helpful" behaviors also were considered variables in the discriminant analysis.

Five variables contributed the significant discrimination between the two groups. Among all the variables, Class A, Category VI, in the Least Helpful Categorical Scheme, was the best discriminant between paraprofessionals and supervisors. Supervisors recognized the dysfunctional consequences that often occurred when they offered paraprofessional-focused evaluation.

The second best discriminant was again in the Least Helpful Categorical Scheme, Lack of Sensitivity (Class A, Category II). Even though paraprofessionals identified this theme as a significant variable in supervision, supervisors twice as frequently were concerned with experiences in which they were not successfully sensitive to the paraprofessionals' emotional needs.

The remaining discriminant variables were: Organizational Support (Category IV, Most Helpful theme): the total number of "most helpful" critical behaviors; and Personal Awareness (Class B, Category VI, Most Helpful theme). Supervisors were more concerned with providing effective organizational support; supervisors described significantly more critical behaviors in their "most helpful" supervision experiences; and supervisors were more preoccupied with helping the paraprofessionals become more aware of themselves and gain personal insight.

On the basis of the discriminant analysis, 90% of the paraprofessional participants and 69% of the supervisory participants were correctly classified into their respective group. Table 12 shows the number of participants classified correctly. There were sufficient differences between the responses

of supervisors and paraprofessionals that the participants could be reasonably identified by group. The multivariate F-ratio for the five significant variables was 14.362 ($p < .01$). Although the categories suggested by supervisors and paraprofessionals were closely related, the relative frequency with which the categories represented critical supervision behaviors differed between the supervisors and paraprofessionals.

TABLE 12

Number of Participants
Classified into Group

Group	Classification		Percent Correct
	Paraprofessionals	Supervisors	
Paraprofessionals	81	9	90%
Supervisors	8	18	69%

CHAPTER IV

DISCUSSION

In the present study, no effort was made to assess whether the critical experiences actually affected the paraprofessionals' facilitative ability, or in fact, did promote growth and development. It is possible that some of the negative experiences described by paraprofessionals may have produced positive changes, whereas some of the most helpful experiences may have produced no lasting changes in the development of the paraprofessionals' ability to respond to other persons. Likewise, supervisors may have interpreted their experiences incorrectly, confusing an enjoyable experience with a helpful one, or an annoying one with a negative experience. The critical behaviors described, however, were those that were perceived by paraprofessionals and supervisors to be the most helpful or least helpful in the supervision of paraprofessional mental health workers. The perceptions, expectations, and experiences of paraprofessionals and their supervisors seem to be important factors in an examination of paraprofessional supervision. This study examines most and least helpful experiences in the supervision of paraprofessional mental health workers as perceived by the workers and their supervisors.

Affective and Cognitive Learning

Of the seven positive and seven negative major categories which were developed in this study, some categories focus more on the emotions and personality of the paraprofessional, while others focus more on interpersonal skills and cognitive aspects of development. Several writers

have discussed these dual themes in supervision. Mazer and Engle (1968) and Clark (1965) emphasized the importance of cognitive or didactic learning in the supervision of professional counselors. Lister (1966) and Gysbers and Johnston (1965) expressed preferences for focusing on the affective experience of supervisors in counseling programs.

Both cognitive and affective priorities were supported in the current study. The Most Helpful Categorical Scheme and the Least Helpful Categorical Scheme both contain cognitive and affective components. Category I, dealing with availability, and Category II, concerned with emotional support, are clearly oriented toward affective needs. Class B within Category VI, Personal Awareness, is more related to affective learning, whereas Class A, Critique, is more related to cognitive learning. Category VII refers to experiences in skill development and is basically cognitive in nature. In the Most Helpful Categorical Scheme, Category V, Client-focused Feedback, may emphasize cognitive needs. Category IV, organizational matters, is more external to the paraprofessional and not basically focused on affective or cognitive learning. This is also true of Category III.

Although cognitive and affective approaches to supervision were identified in Most Helpful and Least Helpful experiences, both supervisors and paraprofessionals emphasized the central importance of meeting the paraprofessionals' affective needs. Emotional Support ranked first among the categories in both Most Helpful and Least Helpful experiences. The supervisors' availability was another significant factor in the experiences described. Together, emotional support and availability represented over 35% of the experiences described.

The importance of appreciating and responding to the affective needs of counselors has been strongly supported. Kell and Mueller (1966) see supervision as a significant interpersonal relationship. Truax and Carkhuff

have emphasized the importance of the supervisor offering high levels of facilitative skills (Carkhuff and Truax, 1965; Carkhuff, 1969a; Truax and Carkhuff, 1967).

The supervision experiences examined in this study suggest that one of the major goals of paraprofessional supervision should be to respond to and support the affective needs of new mental health workers. Several practitioners have noted the importance of dealing with the anxieties and personal needs of paraprofessionals. Beck, Kantor and Gelineau (1963) indicated the value of weekly group meetings primarily to deal with anxiety-laden material and to help their paraprofessionals support each other. Carkhuff and Truax (1965) argue that the supervisor of lay mental health counselors should provide the conditions of accurate empathy, positive regard, and genuineness during supervisory sessions.

The Supervisor as a Model

Modeling behavior has recently received increased attention in the counseling literature. Kell and Mueller (1966) suggest that the manner in which the supervisor responds to a trainee models how the counselor-trainee can respond to clients. Carkhuff (1969b) and Pierce and Schauble (1970) stress the importance of effective modeling by supervisors. Little attention, however, has been given to the influence the supervisors' behavior has upon paraprofessionals. The findings in this study suggest that the supervisor is far more influential as a model than expected. Among the Most Helpful critical behaviors, 13.8% were concerned with the supervisor as a learning model. Moreover, 19.8% of the Least Helpful behaviors were related to the supervisor as a negative model for paraprofessional caregivers. The personal qualities of the supervisor, and the manner in which the supervisor responds to people have a profound effect, positively or negatively, upon the paraprofessional. The supervisors' response to clients

is especially important to paraprofessionals. Unusual concern by supervisors for clients impressed several paraprofessionals enough to be their most valuable supervisory experience. Unfortunately, 13.2% of the Least Helpful experiences involved examples of supervisors dysfunctionally modeling disrespect for clients.

One of the important findings of this study is the significance of the supervisor as a learning model for paraprofessionals. Supervisors not only need to be aware of how important their behavior is, but they need to build into the programs more opportunities for paraprofessionals to work together with them.

The Organizational System

Organizational concerns received support as a factor in paraprofessional supervision. Supervisors, more so than paraprofessionals, emphasized the values of effective organizational structure and support. Neither group, however, indicated that organizational problems were as critical as often suggested in the literature. Steger (1969) reported that counselor aides often expressed feelings of frustration due to excessive administrative rigidity. Baker (1973) reviewed obstacles confronting mental health technicians, and found that the majority related to some form of staff resistance. Two other problem areas were inadequate job definitions and lack of information. Although similar experiences were reported by participants in this study, organizational problems and organization support were less emphasized than several other supervisory themes.

Closely related to organizational problems is Supervisor-Paraprofessional Dissonance, Category V in the Least Helpful Categorical Scheme. Supervisors (9.4%) and paraprofessionals (12.1%) identified personal differences with their supervisor or general differences about their roles and functions as a critical theme in supervision. Muthard and Salomone (1969) have reported

that professionals in rehabilitation counseling would delegate only those jobs the professionals would like to get rid of. Weber (1969) also discusses the resistance of professionals to using paraprofessional helpers in vital and innovative ways.

Problems with organizational structure and resources, as well as disagreement concerning the proper roles and functions of paraprofessionals, emphasize the importance of an effective orientation for both the paraprofessional and the supervisor in order to satisfactorily integrate the mental health workers into the agency. Of course, differences are bound to exist, and it is reassuring to see that among the participants in this study, even more difficulties did not emerge in these areas. Only 8.1% of the behaviors identified by paraprofessional participants concerned organizational problems. Of the critical behaviors described by supervisors, moreover, 6.3% dealt with organizational structure.

The Focus of Supervision

Among the Most Helpful experiences, approximately 20% of the descriptions were concerned with various aspects of client-focused feedback. Both supervisors and paraprofessionals ranked Client-focused Feedback as one of the most valuable forms of supervision. In contrast, paraprofessionals did not tend to value feedback focused upon themselves. The most valuable feedback focused upon helping the paraprofessional better understand the client and helping the paraprofessional develop alternatives and ideas to better respond to the client. Supervisors and paraprofessional helpers described parallel experiences as being valuable components of Client-focused Feedback. Explanation, helping the paraprofessional better understand the client, and Alternatives, helping the paraprofessional decide what to do about client problems, each accounted for 9.4% of the behaviors identified by paraprofessionals and 9.2% of those described by their

supervisors. Personal Experiences, in which supervisors described how they had handled similar situations, were characteristic of 3.6% of the behaviors discussed by paraprofessionals and 1.5% of the supervisors.

The importance of helping care-givers better understand their clients as well as helping develop alternative plans has been suggested by several writers. Caplan (1964), in reviewing mental health consultation, suggests that consultation for care-givers is designed to provide information and suggested alternatives, to help the care-giver achieve a fuller recognition of mental health problems, and to establish a resource relationship. Spielberger (1967) applied Caplan's model to the supervision of paraprofessionals. The supervisor served as the group leader, teacher, resource person, and coordinator of action plans. The focus was more client-centered than counselor-centered.

Several writers, however, have suggested the value of focusing supervision upon the personality of the paraprofessional. Rieff and Riesman (1965) believe that the focus of supervision should be on the "personal style" of the paraprofessional. Kell and Mueller (1966) noted the effectiveness of helping counselors to differentiate their own feelings and conflicts from those of the clients. While supervisors participating in the study indicated the value of focusing feedback upon the paraprofessional, there was not corresponding support from the paraprofessionals themselves. Furthermore, supervisors often experienced problems when they attempted to provide feedback to the paraprofessional. In the Least Helpful Categorical Scheme, 28.1% of the critical behaviors described by the supervisors discussed their failure in providing successful paraprofessional-focused feedback. Critique (Category A) accounted for 21% of the supervisors' descriptions, whereas 6.3% is best coded in Category B, Personal Awareness. Supervisors were more aware in their Least Helpful experiences of trying to give

criticism and feedback to the paraprofessional (Category A). On the other hand, paraprofessionals considered feedback focused upon their Personal Awareness (Category B) to be most annoying.

Sobey (1970) concluded that supervision which follows the clinical analytic model is often much too threatening to be the "new" nonprofessional. Demos (1964) found that supervisors of counselors appeared to focus more on their own theoretical ideas and positions rather than facilitating the particular relationship between counselor and client. Hunt (1969) questioned whether professional influence might not destroy over time the rare qualities that lead to the paraprofessionals' effectiveness. The contrast found in this study between the importance paraprofessionals and supervisors placed upon feedback about the paraprofessional may support the reservations of authors who fear the impact professional supervision may have upon paraprofessionals.

It appears significant that paraprofessionals did not believe that focusing upon their own personal behavior was as important as did their supervisors. Supervisors, likewise, avoided focusing upon themselves as suggested by the avoidance of Behavior Modeling as a variable in supervision. Both supervisors and paraprofessionals seem to be more comfortable dealing with the client, or the other person, and not with themselves.

Skill Development

Supervisors and paraprofessionals did agree about the value of skill development and training experiences. Even though emotional support and affective needs were emphasized by supervisors and paraprofessionals, 12.3% of both groups specifically identified skill development activities in their "most valuable" experiences. Several of the training experiences described were role playing situations similar to the microcounseling paradigm described by Haase and DiMattia (1970). Of course, most of the paraprofessional

participants in this study were still receiving inservice training, as well as supervision. Training experiences proved to be negatively received as well as positively. Paraprofessionals (12.1%) more than supervisors (3.1%) expressed concerns about skill development (Category VII). Baker (1973) surveyed mental health technicians after a year in the field and found that one of the obstacles mentioned by paraprofessional workers was lack of training in special areas or with special client populations. Supervisors, perhaps, were not sensitive to the inservice training needs considered important by paraprofessionals.

In summary, supervision needs to be concerned with meeting the affective and cognitive needs of paraprofessionals. In balance, affective needs have more potential to create critical experiences in supervision. Birk (1972) has suggested that didactic or cognitive approaches to supervision prove more effective whether the care-giver preferred affective or cognitive learning or not. Nevertheless, in terms of satisfaction, interpersonal relations, and responding to the expectations of paraprofessionals, cognitively-oriented training and supervision must be presented with an appreciation and concern for the personal needs and feelings of new paraprofessional helpers.

Conclusions

1. What types or categories of supervisor-paraprofessional experiences, both positive and negative, are perceived as appreciably affecting the paraprofessionals' ability to respond to and help individuals in need?

Most Helpful Categories.--The complete categorical scheme for Most Helpful supervision experiences is presented in Appendix D. The seven major categories formulated and their respective classes are:

I. Availability
   A. Temporal Availability
   B. Psychological Availability

II. Emotional Support
   A. Sensitivity
   B. Confidence

III. Behavior Modeling
   A. Observation
   B. Personal Qualities

IV. Organizational Support
   A. Structure
   B. Resources

V. Client-focused Feedback
   A. Explanation
   B. Personal Experiences
   C. Alternatives

VI. Paraprofessional-focused Feedback
   A. Critique
   B. Personal Awareness

VII. Skill Development
   A. Training Activities
   B. Clinical Skills

Least Helpful Categories.--The categorical schemes for Least Helpful supervision experiences is also included in Appendix D. The seven major categories and their respective classes which were developed are:

I. Unavailability
   A. Temporal Unavailability
   B. Psychological Unavailability

II. Lack of Emotional Support
   A. Lack of Sensitivity
   B. Lack of Confidence

III. Dysfunctional Behavior Modeling
   A. Client Disrespect
   B. Personality Traits

IV. Organizational Problems
   A. Lack of Structure
   B. Bureaucracy

V. Supervisor-Paraprofessional Dissonance
   A. Disagreement
   B. Role Delineation

VI. Paraprofessional-focused Evaluation
   A. Critique
   B. Personal Awareness

VIII. Skill Development Weaknesses
A. Lack of Training
B. Training Problems

2. What similarities and/or differences exist between the supervisors' categorization scheme of paraprofessional supervision experiences and the categorization scheme of the paraprofessional mental health workers?

Table 13 summarizes the themes in the Most Helpful Categorical Scheme with which supervisors and paraprofessionals are in basic agreement and those with which they are in basic disagreement. Table 14 presents the areas of agreement and disagreement in the Least Helpful Categorical Scheme. Among the Most Helpful categories, supervisors and paraprofessional workers agreed in the potential value of providing Emotional Support (Category II) and Client-focused Feedback (Category II). They disagreed in the relative value of Behavior Modeling (Category III), Organizational Support (Category III), and especially Paraprofessional-focused Feedback (Category VI). Among the Least Helpful categories, there was general agreement that Organizational Problems (Category IV), and Supervisor-paraprofessional Dissonance (Category V) were moderate sources of least helpful supervision experiences, but not as frequently identified as other themes suggested. Disagreement between supervisors and paraprofessionals occurred in Category III, Dysfunctional Behavior Modeling, and Category VI, Paraprofessional-focused Evaluation. Supervisors also significantly more often identified Lack of Emotional Support (Category II) as a major source of supervision problems, even though paraprofessionals also recognized the importance of this theme.

Hypothesis 1. There are differences in the categorical schemes, based upon their frequencies, identified by paraprofessionals and supervisors.

Five items in the Most Helpful Categorical Scheme differed significantly between supervisors and paraprofessionals. Supervisors were more concerned than paraprofessionals with Psychological Availability (Category

TABLE 13

Agreement and Disagreement between Paraprofessionals and Supervisors: Most Helpful Categorical Scheme

	Percent	
	Paraprofessional	Supervisor
Basic Agreement		
II. Emotional Support	27.5	23.1
V. Client-focused Feedback	22.5	20.0
I. Availability	10.1	12.3
VII. Skill Development	12.3	12.3
Basic Disagreement		
III. Behavior Modeling	13.8	3.1
IV. Organizational Support**	4.3	9.2
VI. Paraprofessional-focused Feedback*	9.4	20.0

* $p < .01$
** $p < .05$

TABLE 14

Agreement and Disagreement between Paraprofessionals and Supervisors: Least Helpful Categorical Scheme

	Percent	
	Paraprofessional	Supervisor
Basic Agreement		
IV. Organizational Problems	8.8	6.3
V. Supervisor-Paraprofessional Dissonance	12.1	9.4
Moderate Disagreement		
I. Unavailability	16.5	9.4
VII. Skill Development	12.1	3.1
Basic Disagreement		
III. Dysfunctional Behavior Modeling**	19.8	0.0
VI. Paraprofessional-focused Evaluation*	9.8	28.1
II. Lack of Emotional Support*	20.9	43.8

* $p < .01$
** $p < .05$

I-B), Organizational Support (Category IV) and Structure (Category IV-A), Paraprofessional-focused Feedback (Category VI) and particularly Personal Awareness (Category VI-B). Paraprofessionals were more concerned with the Behavior Modeling (Category III) of their supervisors, but the difference was not statistically significant.

Another five items in the Least Helpful Categorical Scheme were statistically different between supervisors and paraprofessionals. Supervisors more frequently were concerned with Lack of Emotional Support (Category II) and their Lack of Sensitivity (Category II-A) to the paraprofessional. Supervisors also expressed more problems in providing Paraprofessional-focused Feedback (Category VI) and particularly in providing general criticism or a Critique (Category VI-A) of the paraprofessionals' work or ability. Paraprofessionals more frequently discussed problems with the Dysfunctional Behavior Modeling (Category III) portrayed by their supervisors.

> Hypothesis 2. There are statistical differences in the rank order of the categories identified by paraprofessionals and supervisors.

Although supervisors and paraprofessionals both identified Emotional Support, Category II, more frequently than any other category, there were no significant rank correlations in the Most Helpful or the Least Helpful Categorical Schemes. As suggested earlier, supervisors and paraprofessionals tended to agree on the relative importance of certain categories and to disagree on others.

> Hypothesis 3. There are no categories which are seen as positive by the supervisors, but seen as negative by the paraprofessionals.

From the content analysis, one category area, Personal Awareness (Class B, Category VI) seemed to be considered positive by supervisors but negative by paraprofessionals. While 12.3% of the behaviors identified were classified in Personal Awareness, only 2.9% of the paraprofessionals' experiences

were so classified. In contrast, 8.8% of the paraprofessionals' least helpful experiences concerned Personal Awareness.

> Hypothesis 4. There are no categories which are seen as positive by the paraprofessionals, but seen as negative by the supervisors.

There were no categories which seemed to support Hypothesis 4. There were, of course, individual experiences which may have been perceived as positive by the paraprofessional, but seen as negative by the supervisor.

> Hypothesis 5. The positive and negative categories formulated from the descriptions by paraprofessionals and supervisors are not reversals of each other. They are, in fact, two separate dimensions.

Hypothesis 5 does not seem to be supported. The Least Helpful Categorical Scheme, to a large extent, reverses many of the themes previously identified in the Most Helpful Categorical Scheme. Unlike the findings in Herzberg's (1966) research, the critical behaviors which had the potential for most valuable experiences also had the potential to produce least valuable experiences in paraprofessional supervision.

The value of supervision.--It is perhaps surprising that not one supervisor and only 8.3% of the paraprofessionals preferred less supervision. In rating the value of supervision from 1 to 8, where 8 indicated "highly valuable" and 1 indicated "not valuable," only 7.6% of the supervisors and 26.3% of the paraprofessionals considered their supervision less valuable than the medium score of 5. In general, both paraprofessionals and supervisors spoke highly of their supervision experiences.

Recommendations

The following recommendations on paraprofessional supervision are offered to pull together the thoughts developed by the investigator during the preparation, execution, and writing of the current study.

1. The supervision of paraprofessionals needs to be concerned with their emotional or affective needs as well as their skills and abilities. The supervisor, first of all, needs to be available to the paraprofessional. The supervisor not only should be accessible, but also willing to talk and discuss problems with the paraprofessional. In providing emotional support, the supervisor needs to be sensitive to the paraprofessionals' feelings, anxieties, and expectations. The supervisor needs, further, to recognize the importance of expressing genuine respect and concern for the paraprofessional.

2. The focus of supervision may differ among professionals. In this study, supervisors and paraprofessionals agree that an important focus should be placed upon better understanding client problems and developing alternatives to respond to those problems. Supervisors need to be acutely aware of the unexpected problems created by forcefully focusing upon the paraprofessional's own personal dynamics. The supervisor must strive to tune in empathically to the paraprofessional's style of interacting without being excessively judgmental or analytical.

3. The supervisor is a significant model of a helping person to the paraprofessional. The supervisor may be a positive influence upon paraprofessional care-givers. The supervisor also may serve as a negative model. Professional supervisors need to be aware of the impact their behavior has upon paraprofessionals. Just as paraprofessionals tend to avoid examining themselves in supervision, supervisors also tend to avoid looking at their own behavior. Supervision experiences which recognize the value of behavior modeling can be created, and should receive a greater emphasis among professionals planning their supervision programs.

4. Special attention needs to be given to the supervision of paraprofessionals in the early stage of their service. Emotional and organizational

support perhaps need to be emphasized until the paraprofessional is fully integrated into the helping agency. Feedback, while valuable, must be perceptively given so that the paraprofessional does not become defensive and feel devalued.

5. Special attention needs to be given to the development and training of supervisors. It is unfair to assume that professionals naturally know how to supervise paraprofessionals. New and non-traditional supervision approaches need to be explored. Paraprofessionals need to have an active voice in the extent and form of the supervision they receive.

6. While there is much to learn about the utilization and supervision of paraprofessional mental health workers, the participants in this study more often than not valued the supervision provided, and the genuine concern expressed for their colleagues and their clients was indeed impressive.

CHAPTER V

SUMMARY

Paraprofessional mental health care-givers and their supervisors were asked to describe experiences that were the most valuable and the least valuable to helping paraprofessionals respond to and help other human beings. Ninety paraprofessionals and twenty-six supervisors described 326 total critical behaviors of supervisors. A comprehensive Categorical System was developed to classify the "most helpful" and "least helpful" experiences. Seven major themes were identified in both the positive and negative groups of critical behaviors. Each major category was subdivided into two or more smaller divisions. Three raters then coded each of the behaviors into the most appropriate categories.

The categories most frequently identified as "most helpful" by paraprofessionals were: Emotional Support, Client-focused Feedback, and Behavior Modeling. The categories most frequently identified by supervisors as "most helpful" were: Emotional Support, Client-focused Feedback, and Paraprofessional-focused feedback.

The categories most frequently identified as "least helpful" by paraprofessionals were: Lack of Emotional Support and Dysfunctional Behavior Modeling by supervisors. Supervisors also identified Lack of Emotional Support as their most frequent "least helpful" theme. Their second most frequent selection concerned Paraprofessional-focused Evaluation. Both supervisors and paraprofessionals tended to focus more upon the other person rather than themselves.

Among the seven categories and fifteen classes in the Most Helpful Categorical Scheme, five differed significantly between the supervisors and paraprofessionals. Supervisors were more concerned about being psychologically available (Category I, Class B). Supervisors more often indicated the importance of organizational support (Category IV) and providing structure and orientation to the paraprofessional (Category IV, Class A). Supervisors were also more devoted to communicating feedback focused upon the paraprofessional (Category VI) and especially upon the paraprofessionals' personal awareness (Category VI, Class B).

There were also five classification items in the Least Helpful Categorical Scheme that significantly differed between paraprofessionals and supervisors. Supervisors were more often aware of there being a lack of emotional support (Category II) and particularly, a lack of sensitivity to the paraprofessionals' personal feelings (Category II, Class A). Paraprofessionals, on the other hand, were more likely to describe experiences in which their supervisor was an ineffective or negative role model (Category III). Again, supervisors more often felt the negative impact of feedback focused upon the paraprofessional (Category VI); the major difference being in providing criticisms of the paraprofessionals' ability or work (Category VI, Class B).

The Spearman rank correlation coefficients were not significant between paraprofessionals and supervisors in either the Most Helpful or Least Helpful Categorical Schemes. Although the categories were similar for both groups, the relative importance of the categorical themes differed. The category which best discriminated between the paraprofessionals and supervisors was Paraprofessional-focused Evaluation, Critique (Category VI, Class A). Supervisors more often than paraprofessionals reported least helpful experiences in which their aim was to provide general feedback, criticism

or a critique of the paraprofessional's performance. There were sufficient differences between the responses of supervisors and paraprofessionals so that 90% of the paraprofessional participants and 69% of the supervisory participants were correctly classified into their respective groups when a complete discriminant analysis was computed.

A content analysis of the classification system suggested that the least helpful categories were basically reversals of the most helpful categories. Herzberg's (1966) theory that "satisfiers" and "dissatisfiers" are two separate dimensions was not supported. The content analysis further suggested that supervisors tended to view focusing upon the paraprofessional's Personal Awareness and insight as a valuable contribution, whereas paraprofessionals tended to perceive focus upon their "self" as threatening and, hence, a negative experience.

Paraprofessionals and their supervisors identified affective and cognitive aspects in critical supervision experiences. Affective components of the supervision experience, however, were identified more frequently in the most helpful as well as the least helpful categorical schemes. Both supervisors and paraprofessionals tended to avoid focusing upon their own behaviors or personality, but did suggest that the behaviors and personality of the other person was important.

When asked to evaluate the general value of supervision, both paraprofessionals and supervisors rated their supervision experiences as basically valuable. Only 8.3% of the respondants preferred that less time be devoted to supervision than was currently provided. The present study attempted to identify those specific behaviors of supervisors that made supervision helpful, as well as those critical behaviors which were least valuable to paraprofessional mental health workers.

Appendices

Appendix A

Questionnaire for Paraprofessional Participants

We are trying to find out what you as a paraprofessional "helping person" have found to be the most valuable and least valuable kind of supervision and support you receive. In other words, what helps you help someone else?

Please answer the questions below. If you need more space, use the back of the page. You do not need to sign your name and your answers will be completely confidential.

Take a few moments to think of some of the experiences that you have had with your supervisor which were especially helpful or valuable. Now think of the single experience that you felt was the most valuable to you. Think of a specific incident that you believe really made a difference in your ability to help other people.

Briefly describe the situation and what the person did that was so helpful or valuable to you.

Why was this helpful or valuable to you?

What changes actually occurred (or did not occur) in your behavior or attitude?

Why were these changes a result of what your supervisor did?

Again, think of some of the experiences that you have had with your supervisor. This time think of those experiences which were not especially valuable or helpful to you, perhaps even harmful, in helping you respond to and help another person. Now, think of the single experience that you felt was the least valuable to you. Think of a specific incident that you believe really made a difference to you.

Briefly describe the situation and what that person did that was not helpful or valuable to you.

Why was this not valuable or not helpful to you?

What changes actually occurred (or did not occur) in your behavior or attitude?

Why were these changes a result of what your supervisor did?

This is the last page. Please check the correct blanks. Be sure to give all the information requested.

My age is: Less than 20 _____ 30 to 39 _____
20 to 29 _____ Above age 39 _____

I am: Female _____ Male _____

I am: Black _____ White _____ Other _____
(specify)

I have completed: Some high school _____
My high school degree _____
Some college _____
My college degree _____

I have worked in paraprofessional helping relationships for a total of:

1 year _____ 2 years _____ 3 years _____ 4 years or more _____

My supervisor is: Female _____ Male _____

I think my supervisor's age is around: Less than 20 years old _____
20 to 29 years old _____
30 to 39 years old _____
Above 39 years old _____

How much time do you spend in supervision or training each week?

1 hour or less _____ Between 2 and 3 hours _____
Between 1 and 2 hours _____ 3 hours or more _____

Would you like to have more or less supervision or training?

About the same _____ More _____ Less _____

In general, how valuable do you find the supervision and support that you receive now? Circle the number most appropriate.

Highly valuable 8 7 6 5 4 3 2 1 Not valuable at all

Appendix B

Questionnaire for Supervisory Participants

We are trying to find out what you as a supervisor of paraprofessional "helping persons" have found to be the most valuable and least valuable kind of supervision and support you can provide. In other words, how do you help a paraprofessional help someone else?

Please answer the questions below. If you need more space, use the back of the page. You do not need to sign your name and your answers will be completely confidential.

Take a few moments to think of some of the experiences that you have had supervising paraprofessionals which were especially helpful or valuable. Now think of the single experience that you felt was the most valuable to a paraprofessional. Think of a specific incident that you believe really made a difference in his or her ability to help other people.

Briefly describe the situation and what you did that was so helpful or valuable to that person.

Why was this helpful or valuable to that person?

What changes actually occurred (or did not occur) in his or her behavior or attitude?

Why were these changes a result of what you did?

Again, think of some of the experiences that you have had supervising paraprofessional care-givers. This time, think of those experiences when you did not feel especially helpful or valuable, perhaps even harmful, in helping them respond to and help another person. Now, think of the single experience that you felt was the least valuable to a paraprofessional. Think of a specific incident that you believe really made a difference.

Briefly describe the situation and what you did that was not helpful or not valuable to that person.

Why was this not valuable or not helpful to that person?

What changes actually occurred (or did not occur) in his or her behavior or attitude?

Why were these changes a result of what you did?

This is the last page. Please check the correct blanks. Be sure to give all the information requested.

My age is: Less than 20 _____ 30 to 39 _____
20 to 29 _____ Above age 39 _____

I am: Female _____ Male _____

I am: Black _____ White _____ Other_____
(specify)

My educational degree is: _____
(field and name of degree)

I have worked with paraprofessionals for a total of:

1 year _____ 2 years _____ 3 years _____ 4 years or more_____

How much time do you spend with supervision or training each week?

1 hour or less _____ Between 2 and 3 hours _____
Between 1 and 2 hours _____ 3 hours or more _____

Would you like to provide more or less supervision or training?

About the same _____ More _____ Less _____

In general, how valuable do you find the supervision and support that you provide now? Circle the number most appropriate.

Highly valuable 8 7 6 5 4 3 2 1 Not valuable at all

Appendix C

Letter to Programs Participating

Dear _____:

_____ has given me your name as a person who may be able to help me gather some data for my doctoral dissertation.

I am using the critical incident technique to investigate "most helpful and least helpful experiences in the supervision of paraprofessional mental health workers." I am asking paraprofessionals to describe in a simple questionnaire their most helpful and their least helpful supervision experience. Copies are enclosed for you to look over. It takes less than one hour to complete.

The purpose of this study is to attempt to formulate a categorical scheme or system of experiences which paraprofessional mental health workers and supervisors of paraprofessionals have identified as most valuable and least valuable in helping paraprofessionals respond to and help other individuals.

Since the questionnaire is a one-shot limited commitment, the cost for participation is minimal. The return, I feel, will be valuable. I will be happy to share the findings with programs that participate.

_____, if you could help me by asking your paraprofessional helpers and professional staff personnel who supervise them to complete these questionnaires, I will send you a supply immediately. I will also send to you an interim report on the findings as well as a copy of the final product.

Sincerely,

Joe D. Thigpen

Appendix D

The Categorical Schemes for Most Helpful and Least Helpful Paraprofessional Supervision

Most Helpful Paraprofessional Supervision
Categorical Scheme

I. Availability: The supervisor is personally accessible, approachable, or available to the paraprofessional. The supervisor gives time and energy to the paraprofessional.

   A. Temporal Availability: The supervisor gives the time desired to the paraprofessional. The supervisor structures periods together with the paraprofessional, or is immediately available to talk to the paraprofessional.

   B. Psychological Availability: The supervisor responds to or is sensitive to the paraprofessional's need to talk. The supervisor is approachable or goes out of the way to be available to the paraprofessional.

II. Emotional Support: The supervisor is concerned about, interested in, and sensitive to the paraprofessional. The supervisor respects or has confidence in the paraprofessional. The supervisor responds to the emotional needs of the paraprofessional.

   A. Sensitivity: The supervisor is concerned about and interested in the paraprofessional's personal needs. The supervisor is sensitive to the paraprofessional's feelings.

   B. Confidence: The supervisor expresses, verbally or nonverbally, confidence in the paraprofessional. The supervisor respects the ability of the paraprofessional. The supervisor may express confidence directly, or indirectly through increased responsibility or independence. The supervisor allows the paraprofessional freedom to learn.

III. Behavior Modeling: The supervisor possesses exemplary qualities that impress the paraprofessional. The supervisor deals with a client, associate, or problem in such a way that the paraprofessional learns from the experience.

   A. Observation: The paraprofessional is able to observe the supervisor respond to a person or problem with unusual skill or sensitivity. The supervisor models skills or behaviors that prove helpful.

   B. Personal Qualities: The supervisor possesses personal qualities that impress or inspire the paraprofessional. The paraprofessional may express respect or adminration for the supervisor as a person.

IV. Organizational Support: The supervisor provides the structure and resources for the paraprofessional to work well in the organizational system. The supervisor provides orientation and information that help integrate the paraprofessional into the service.

   A. Structure: The supervisor provides the support, structure, preparation, or integration needed by the paraprofessional.

The supervisor creates experiences that help the paraprofessional get effectively involved in the work setting.

B. Resources: The supervisor provides the information and resources needed by the paraprofessional to serve clients and work well in the organization.

V. Client-focused Feedback: The supervisor provides feedback or discussion to the paraprofessional which is focused on the client or services provided. The supervisor may discuss cases, explain problems, share personal experiences, or give advice or alternatives.

A. Explanation: The supervisor explains or clarifies client problems or dynamics. The supervisor gives feedback about the client. The supervisor may explain or justify the services provided to the client.

B. Personal Experiences: The supervisor relates personal experiences with a client or special problem. The supervisor may tell how certain similar situations were handled; the focus is on the supervisor's own ideas, approaches, or experiences.

C. Alternatives: The supervisor suggests different ways of working with a client or problem. The supervisor may give specific advice or directions for the paraprofessional to try. Alternative ideas or approaches are presented to the paraprofessional.

VI. Paraprofessional-focused Feedback: The supervisor provides feedback about cases or experiences that is focused on the paraprofessional's abilities or personal qualities. The supervisor discusses the actions or qualities of the paraprofessional. Specific positive and negative feedback may be provided.

A. Critique: The supervisor examines and discusses strengths and weaknesses of the paraprofessional. The supervisor may provide general comments and discussion about the paraprofessional's work.

B. Personal Awareness: The supervisor provides feedback or comments which help the paraprofessional better understand himself (herself), and how he (she) relates to clients or associates. Personal growth, insight, and awareness are dominant ideas presented here.

VII. Skill Development: The supervisor helps the paraprofessional learn and develop new skills. The supervisor provides training activities or experiences or discusses clinical and counseling skills with the paraprofessional.

A. Training Activities: The supervisor organizes, directs, or facilitates learning experiences for the paraprofessional. The supervisor employs didactic or experiential techniques to help the paraprofessional improve.

B. Clinical Skills: The supervisor helps the paraprofessional with assessment, diagnostic, or clinical skills. The supervisor helps the paraprofessional better learn counseling skills and techniques.

Least Helpful Paraprofessional Supervision
Categorical Scheme

I. Unavailability: The supervisor does not give the paraprofessional the time and energy desired. The supervisor is physically or emotionally unavailable to help or respond to the paraprofessional.

   A. Temporal Unavailability: The supervisor does not provide the time necessary to the paraprofessional. The supervisor does not meet with the paraprofessional or does not provide sufficient contact time.

   B. Psychological Unavailability: The supervisor does not respond to the paraprofessional. The supervisor puts off or does not listen to the paraprofessional. The supervisor is unavailable or unapproachable to the paraprofessional.

II. Lack of Emotional Support: The supervisor does not respect or is not sensitive to the paraprofessional's opinions or feelings. The supervisor may show disrespect through lack of concern for the paraprofessional, or through lack of confidence in the paraprofessional's ability. The supervisor does not tune into the emotional needs of the paraprofessional.

   A. Lack of Sensitivity: The supervisor does not express concern for or interest in the paraprofessional's opinions or feelings. The supervisor may be insensitive to or fail to respond to the emotional needs or feelings of the paraprofessional.

   B. Lack of Confidence: The supervisor expresses lack of confidence in the paraprofessional's ability or personal qualities. The supervisor does not believe that the paraprofessional can do the job satisfactorily and may limit the responsibility or independence of the paraprofessional.

III. Dysfunctional Behavior Modeling: The supervisor manifests behaviors or qualities that annoy, disappoint, or mislead the paraprofessional. The supervisor seems to be a negative example to the paraprofessional.

   A. Client Disrespect: The supervisor shows disrespect or lack of concern for clients or associates. The supervisor reveals client confidences, or behaves unprofessionally.

   B. Personality Traits: The supervisor possesses personal qualities or traits that the paraprofessional does not like or admire.

IV. Organizational Problems: The supervisor does not adequately help the paraprofessional fit into the organization and services provided. The paraprofessional is not sufficiently prepared or oriented for the duties or assignments provided.

   A. Lack of Structure: The supervisor does not provide the support, structure, preparation, or orientation needed or wanted by the paraprofessional. The supervisor does not adequately help integrate the paraprofessional into the organization.

B. Bureaucracy: The paraprofessional is turned off by unresponsive services, red tape, or impersonalization within the organization. General dislike for the administration or services may be expressed.

V. Supervisor-Paraprofessional Dissonance: There is disagreement or misunderstanding between the supervisor and the paraprofessional. This difference may be personal to the individual, or general to the utilization of paraprofessionals. The supervisor may not understand or appreciate the roles and functions of the paraprofessional.

A. Disagreement: The supervisor disagrees or differs with the paraprofessional's opinions or actions. There is a difference in expectations between the supervisor and the paraprofessional. The paraprofessional may not agree with the supervisor's decisions or actions.

B. Role Delineation: The supervisor does not accept, understand or value the abilities and contributions of the paraprofessional. There may be a devaluation implied or menial tasks assigned. There is a misconception about the proper roles and functions of paraprofessionals.

VI. Paraprofessional-focused Evaluation: The supervisor discusses or gives feedback to the paraprofessional about the paraprofessional's personality or performance. The supervisor may criticize or analyze the paraprofessional.

A. Critique: The supervisor gives the paraprofessional negative feedback or criticizes the paraprofessional's performance. The supervisor seems to demean, attack, or put down the paraprofessional.

B. Personal Awareness: The supervisor judges, analyzes, or interprets the paraprofessional's personality or behavior. The supervisor probes or goes deeper into the personality of the paraprofessional than is accepted or desired.

VII. Skill Development Weaknesses: The supervisor fails to provide or ineffectively provides training and skill development needed or wanted by the paraprofessional.

A. Lack of Training: The supervisor does not provide the necessary training or help the paraprofessional learn the skills that are desired.

B. Training Problems: The supervisor provides training or learning experiences that are negative to the paraprofessional. The paraprofessional participates in training exercises that are degrading, unpleasant, or irrelevant.

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Biographical Sketch

Joe D. Thigpen was born June 22, 1942, in Alachua, Florida. He attended Davidson College, served two years in Brazil as a Peace Corps Volunteer, and earned his Bachelor of Arts degree from the University of Florida in 1966. He majored in psychology.

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Joe Thigpen has worked at the University of Florida as a graduate teaching assistant for the Department of Comprehensive Logic, and as an Assistant Counseling Psychologist in the University Counseling Center. He presently is employed by the Community Crisis Corner, Incorporated, and is the Director of the Suicide and Crisis Intervention Service in Gainesville, Florida.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Theodore Landsman, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

Benjamin Barger
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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This dissertation was submitted to the Graduate Faculty of the College of Education and to the Graduate Council, and was accepted as partial fulfillment for the requirements for the degree of Doctor of Philosophy.

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